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HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

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This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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ADMINISTRATION

THE STATE BOARD OF HEALTH, ITS ANATOMY AND PHYSIOLOGY*

B. L. Arms, M. D., State Health Officer, Jacksonville.

In deciding on the subject to take for this paper, it seemed wise to consider our organization from two angles—its make-up and function.

In the early days of the State Board the anatomy was comparatively simple, but with the advance of our knowledge of preventive medicine this has grown more complex as has the function as well.

The State Board of Health consists of "three discreet citizens of the State" who are appointed by the Governor and confirmed by the Senate. The law directs that at the first meeting of the Board they shall elect one of their number president, and at the same meeting they shall "designate and employ a physician * * * which said physician shall be known as the State Health Officer." The State Health Officer is made Executive Officer and Secretary of the Board.

At present we have five bureaus and administration, and they will be discussed in the order of their addition.

Administration includes the general correspondence and business for the entire department—accounts, records and correspondence of the Orthopedic Department, care of buildings, property and multigraph are grouped here. Each Saturday morning we have a conference at which all bureau directors are present if they are at headquarters, but if absent, the bureau is represented by someone designated by the director, and all matters of interest are freely discussed. In this way all are familiar with what each bureau is doing and the work is coordinated as it could be in no other way.

The Bureau of Laboratories was the first separate division and now consists of the central laboratory at Jacksonville and branch laboratories at Tampa, Pensacola, Miami and Tallahassee.

The laboratories examine specimens to assist in the diagnosis and control of any disease or condition of a bacteriological, serological or parasitic nature dangerous to the public health.

The laboratories send containers for the various examinations on request, and any physician can secure this free service at any time. The central laboratory at Jacksonville is also the main distributing point for the biologics furnished by the State Board of Health, consisting of diphtheria antitoxin for therapeutic use, toxin antitoxin, Schick test material, tetanus antitoxin for both prophylactic and therapeutic use, vaccine virus, typhoid vaccine and antimeningococcus serum. These are furnished free to all.

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*Reprinted from the Journal of the Florida Medical Association for August, 1926.

ADMINISTRATION—(Continued

In addition to the above, anti-rabic treatments are furnished from the Jacksonville laboratory at cost for any human bitten by a rabid or supposedly rabid animal, and if the physician certifies that the case is indigent and that he is receiving no pay for the administration, this, too is free.

In order that diphtheria antitoxin may be easily and quickly secured, certain drug stores, centrally located have been designated as antitoxin stations, and at these stations a small amount of diphtheria antitoxin and typhoid vaccine is kept. NO OTHER STATE BIOLOGICS CAN BE SECURED FROM THESE STATIONS.

The Bureau of Vital Statictics began its work by collecting certificates of deaths and births but not until 1919 did they have sufficiently complete reports to entitle Florida to a place in the Registration Area For Deaths, and in 1924 the State was included in the Registration Area For Births.

This bureau is really our bookkeeping department, not for financial records, but is the place where we can find if we are doing effective work, and the name for the work of the department, as given by the late Dr. J. N. Hurty, of Indiana, "The Bookkeeping of Humanity," is in line with its function. The work has grown immensely. For instance, one worker is kept busy all the time making certified copies of birth and death certificates. Birth and death certificates and reports of sickness are received and we are kept informed of health conditions in all parts of the State by means of these reports and certificates.

There is no section of the State that does not call on this bureau for some kind of assistance, and the full value of the records depends largely on you.

Some of you are cooperating fully with us to make our records of value, but, I regret to say, some of you do not report your cases as required. We ask the cooperation of all.

The birth and death records are bound and indexed and thus are available for immediate use. Each certificate of death from a reportable disease is checked, and when no report of the case is found the physician signing the death certificate is asked for that report. Don't take it for granted that someone else has reported a case, as it may save embarrassment to you later if you report all notifiable cases when they come to your attention. If the case has previously been reported, your report will be marked "duplicate" and you are safe.

The Orthopedic Department cares for indigent crippled children to the extent of its appropriation, but much more could be done if we had more funds. At present we have a waiting list that will take at least six months to reach the last in order.

In order to extend the work as much as possible, parents are

ADMINISTRATION—(Continued)

expected to meet whatever part of the expense they can and every patient must have his fare paid to and from Jacksonville.

The Bureau of Communicable Disease is really a continuation of Assistant State Health Officers and Agents of the State Board. The Medical Officers investigate outbreaks of disease and reported outbreaks, conduct campaigns of immunization, assist communities to prevent disease, assist in formation of health units, assist in examination of school children, conduct or assist in health educational campaigns in communities, etc. One may be vaccinating against smallpox in a community today, tomorrow taking swabs at a school where there has been a case of diphtheria, and explaining that it is no longer necessary for a child to have diphtheria and that they will gladly immunize all that present a request from their parents, or they can get the immunization from their own physician, and the next day he may be somewhere else and doing some other kind of health work. This bureau, in cooperation with the United States Public Health Service, also directs the venereal disease control for the State.

The Bureau of Sanitary Engineering, as the name indicates, has the supervision of water supplies and sewage disposal, general sanitation, inspection of tourist camp sites and certification of same with periodic inspection to see that the rules of the State Board of Health governing the conduct of tourist camps are observed, investigation of nuisances, investigation of mosquito-breeding areas, examination of water, certification of water for common carriers, examination of water bottling plants and certification of same, approval of plans for water supplies, sewer systems and swimming pools, supervision of the sanitation of shellfish areas and packing houses, sanitation of dairies, markets, schools, jails and other public buildings. Quite a list of duties, but this is not a complete list of what they do.

The Bureau of Child Hygiene and Public Health Nursing reaches the rural homes and schools, and the nurses are doing a great deal by conducting pre-school and infant conferences to assist the mothers that the next generation may not show as great a percentage of defects as was found at the time of our entrance into the World War.

Neighborhood institutes are held and prospective mothers are shown how they can prepare for the advent by using what they have at hand with very few and inexpensive additions. The pupils at the one and two-teacher schools are inspected, and those pupils that show defects are advised to go to their family physician; hookworm campaigns are conducted in cooperation with the local people, for it is only when the local people are interested that we can really secure results. The midwives are seen periodically and a course of instruction is given and an examination is required. Since

ADMINISTRATION—(Continued)

this was adopted the number has been reduced 41%. After passing the examination a certificate is granted, and this automatically expires December 31, and must be renewed annually following another examination if they wish to continue the work; it is recallable at any time for cause.

Conferences are arranged with various groups and health habits are stressed.

The great influx of tourists and the large number of people living in the camps made necessary the innovation of having nurses whose sole duty it was to visit these camps to aid the mothers and children who were many of them living under new conditions, hence needing guidance. This pioneer work has been valuable to the State and has been of great assistance to many of our visitors and prospective citizens.

While I realize that the foregoing has been sketchy, it is impossible to give complete detail in the time allowed, but the major functions of each department have been mentioned.

Each one of you is one of our employers, and it is our aim to serve you to the limit.

Some of you have visited your State Board of Health, for you must remember that it is your Board and we wish that every one of you would make us a visit and see what we are doing, how our records are kept, and let us know how we can give you better service.

— F. H. N. —

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

TYPHOID

The statement has been made and often repeated that there is but one way to contract typhoid fever and that is by eating it. This is doubtless true. The germs of typhoid are to be found primarily in typhoid patients or carriers only, they are discharged with the stools and urine, and it is by contamination of food or drink with these discharges that the infection is transmitted to susceptible persons. A minute quantity of the intestinal content may contain enormous numbers of typhoid bacteria and when mixed with a quantity of water so great that its presence could be detected only by a very delicate test would still be capable of producing typhoid fever. Any object, however slightly soiled with material containing typhoid germs is dangerous. That object may be the hands of a careless or untrained nurse attending a patient, a careless or uninformed carrier or convalescent, a spoon, cup or in fact any article that is used in human activities.

An ideal method of disposing of the infected discharges would

BUREAU OF COMMUNICABLE DISEASES—(Continued)

prevent typhoid. There is no ideal method because some care must be given to every sanitary device, and it is human nature to err. Every effort should be made to prevent the dissemination of typhoid germs. The best sanitary devices should be installed and they should be kept in proper condition to perform their intended function. Every individual should be careful to use such devices. Every one should eat with clean hands and clean utensils from clean dishes. Persons who handle food for others should take special care to see that the hands are clean. Typhoid fever is like a fire. It consumes human life as fire consumes a building. The life can be spared if no spark (germ) is permitted to enter and kindle the fire. The human body can be rendered typhoid germ proof by the typhoid inoculation, as a building is rendered fireproof by constructing with steel and stone and concrete.

An effort to exclude the germs of typhoid is good but not good enough. Make the structure of your body germ proof, see your doctor today.

F. H. N.

A SMALLPOX STORY

Once on a time not so very, VERY long ago, and this is a true story, a man residing in a certain well known county seat between the Atlantic Ocean and the Gulf of Mexico became ill with a fever. After a few days some "bumps" appeared, they grew into pocks and then he sent for the doctor, who came and told him he had smallpox. Now this was a laboring man, his friends and kinsmen lived in a remote state and no one wanted a guest with smallpox, so a man was found who had been recently vaccinated and could not catch smallpox. He was persuaded to care for the sick man but—ah, me—he was a fugitive from justice, the officers of the law came looking for him, and he was warned just in time to bundle his possessions together, pawn them at the nearest "hock shop" and leave for parts unknown. Whether he came back to redeem his goods and whether the pawn broker or any buyer of second hand garments has contracted smallpox is not recorded, but the lesson of the story is plain; we know not in what day or hour we may be exposed to smallpox—it may be the mild type and it may be virulent, but those who are prudent will go to the nearest doctor at once and be vaccinated, thus warding off the danger of many days in quarantine, many pock marks and perchance of leaving a host of friends to mourn.

F. H. N.

Dr. T. H. Johnson, formerly in the government service at Belize British Honduras, and recently in training with the International Health Board in Alabama, is now with the State Board of Health as medical officer and will shortly be stationed in a new district, with headquarters at Marianna.

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

T-Y-P-H-O-I-D

T—Typhoid—A fever usually characterized by a step-like increase in temperature day by day until a steady temperature is reached for a while, after which the temperature decreases step-like until it disappears. The morning temperature is lower than the evening and as the fever disappears the morning temperature often falls below normal. Rose spots usually appear during the second week and are most in evidence over the abdomen. The average duration of the fever is 28 days, although it may continue longer but rarely terminates before that time. Mental dullness with impairment of the special senses usually occurs sometime during the course of the disease. This disease is caused by a microorganism discovered in 1884. This organism is found in the body wastes of persons ill with the disease or acting as carriers of the disease producing organism without suffering or showing any ill effects thereof. The disease organism is active in the well person for from 6 to 10 days after receiving the infection before indications that something is wrong with the person are apparent.

Y—Youth—Youth is most often the victim and that is why typhoid has sometimes been called a young people's disease. It is a very costly disease for youth has just about reached the productive earning stage or has just married and started a family when this dread disease is contracted by eating or drinking some of the body wastes containing these organisms. White males seem to be most susceptive to this death dealing disease when they are between the ages fifteen and thirty while the negroes are between the ages 14 to 20. For females more white women die between 14 and 24 years of age while the negroes between 14 and 20. Thus one can see how dread the disease-attacking as it does in the youth of life just at the time when most of us can least afford to be ill. Youth it is who can prevent the disease. In the Spanish-American War the youth of the nation responded to the call for troops and thousands died from typhoid fever not enemy bullets. Likewise in 1917 youth rallied to the call but in the meantime the secret of prevention of this disease had been learned and some glory must be given to those youths who guarded the milk supply of the camps, the water supply, kept the sewage treatment plans in proper working condition, cleaned up the extra-cantonment zones of open privies and other bad methods of waste disposal. Youth submitted to army regulations—took the anti-typhoid innoculations and enlisted in the war on disease as well as Germany.

P—Prevention—That is one of the watchwords of to-day. Prevent accident—prevent disease. How can we prevent typhoid? The average person can prevent having typhoid by being immunized

BUREAU OF ENGINEERING—(Continued)

against the disease. This means going to your family physician or the public health doctor in your locality and taking the innoculations—three in all. This will protect you against a CHANCE infection. It does not take the place of SANITARY PRECAUTIONS. You cannot get the disease except by eating or drinking the organisms coming from the excreta of a patient or a carrier. If you live in the city, you cannot protect your milk supply, your water supply, your oysters, your water cress or other green vegetables eaten raw —that is your Board of Health's job. Back them up by showing your interest and appreciation for the work they are doing. Ask your city fathers if they are supporting an adequate health department and if not, why not? If you live in the country you can build a fly-tight sanitary privy or a septic tank (ask us how), you can protect your well so that drainage from privies, etc., cannot get into it. Everyone can screen their homes and wage war on the fly—the fly that is the medium of transmission of the organisms from filth to food to fever to funeral. All of us can keep away from persons sick with the disease. Contact with one sick with the disease is as wise as pouring kerosene on a stove—it may blow up. Only one trained in caring for the sick should handle a typhoid case. Hospitalization is a good idea if you can afford it.

H—Health—Health is wealth so runs an old adage. We are all interested in acquiring wealth, but after all is said and done of what avail is untold riches if one is sick in body or mind? Health is the biggest blessing we can have. It is a heritage we can bestow on our children. Happiness is more attractive when coupled with health. Parents can be happy in knowing they have protected the health of their children by having them immunized and by having the home equipped with a safe milk supply, a safe drinking water supply, a safe method of sewage disposal, by avoidance of persons ill with the disease and by telling the children about disease. When Johnny or Jane goes off to summer camp or boarding school, do you know that their health will be guarded? Do you know anything of the precautions taken at the school or camp against the spread of disease? Do not classify a school by its wonderful grounds, its excellent faculty or its football team or social standing—look behind the scenes, ask the headmaster if proper precautions are taken at that school. Up-to-date schools and universities have a regular system of examination of all entrants and students, system of caring for food supplies and courses in disease prevention.

O—Outhouse—Another name for privy—probably the main reason in the United States why typhoid fever still exists. Typhoid should be classed with the Dodo—that famous bird of ancient times now extinct. Outhouses or privies can be built sanitary and maintained in a manner that will prevent the spread of typhoid and other diseases if ordinary common sense is used. A privy must be fly-

BUREAU OF ENGINEERING—(Continued)

tight and so built and located that the excrement deposited therein will not pollute the water supply of the residence. We publish a small bulletin on the privy—how to build it, maintain it, etc. It is yours for the asking. We have a state law prohibiting the maintenance of any open back, non-fly tight privy in thickly settled areas in Florida and our field men are continually pushing cities and small communities to conform to this law. We get thousands of privies installed each year but the work will never end as long as the general public think a privy must be open to the flies, the chickens and the hogs.

I—I—I am responsible for my family. I must bear the stigma of disgrace that goes with a typhoid case. I must bear the expense of the doctor, the hospital treatment, the anxiety, the loss of wages while I am watching Johnny or Jane hover between the dividing line of this world and the next. I am responsible if any one gets the disease from my residence thru faulty sterilization of discharges of the patient, etc. I, as a part owner in this city government, am responsible and held liable by the courts for the spread of typhoid, thru an impure water supply. I, as an employer of labor, am responsible if typhoid spreads thru my factory or packing plant thru impure water or faulty sewage disposal. I, as a physician am responsible if when I see a case, I do not report it promptly to the health authorities, if I do not instruct the family as to the proper disposal of the patients discharges, yea I am criminally negligent if I do not take all steps possible, immunization, of the contacts and family, etc. to prevent the spread of this disease. I, as a public health worker, am responsible if I allow myself to feel that privy sanitation is beneath my dignity.

D—Delay—Delay in taking the immunization injections is dangerous.

Delay in taking all sanitary precautions is dangerous.

Delay in allowing an open privy to exist on my farm or grove is dangerous.

Delay leads to destruction.

DO IT NOW—BUILD THAT SANITARY PRIVY!

F. H. N.

BRINGING SCHOOL CHILD UP TO NORMAL WEIGHT

Having decided that underweight children are not the result of fate Newton, Mass., proceeded to bring up to normal the weight of the school children in the city. The work was based on interesting the children in their own health and weight. After all physical defects, revealed by examination, had been corrected, steps were taken to increase weight.—Hygeia.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF NOVEMBER, 1926

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1753	664	81	57	20	2575
Diphtheria	4069	432	66	446	21	5034
Typhoid	120	132	11	28	20	311
Malaria	186	112	14	19	38	369
Rabies	10	9	.....	3	.....	22
Tuberculosis	180	60	7	28	7	282
Gonorrhoea	370	196	25	76	10	677
Syphilis	2074	786	.....	351	.....	3211
Water: Bact. Exam.	.....	34	.....	29	.....	63
Water: Chem. Exam.	.....	.....	.....	245	.....	245
Milk: Bact. Exam.	18	143	2	252	4	419
Milk: Chem. Exam.	18	152	2	486	4	662
Miscellaneous	38	13	3	38	4	96
	8836	2733	211	2058	128	13966

Specimen Containers Distributed 12,370

BIOLOGICAL PRODUCTS DISTRIBUTED DURING NOVEMBER 1926

Diphtheria Antitoxin	10,000 units	469 Packages
	5,000 units	182 Packages
Schicks		9000 Tests
Toxin Antitoxin		21104 c.c.
Tetanus Antitoxin	20,000 units	28 Packages
	10,000 units	37 Packages
	1,500 units	765 Packages
Typhoid Vaccine	PLAIN	2202 Treatments
	TRIPLE	68 Treatments
Vaccine Virus		5444 Capillaries
Antimeningococcus Serum		14 Cylinders
Antirabic Virus		25 Treatments
Carbon Tetrachloride		1976 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE LABORATORY

CHILD HYGIENE AND PUBLIC HEALTH NURSING

TYPHOID AND THE PUBLIC HEALTH NURSE

Mrs. Laurie Jean Reid, R. N., Director

It is a known and accepted fact that typhoid fever is a preventable disease. Any case of typhoid therefore should be considered a community problem and should have the immediate attention of the health agencies operating in that particular community.

The public health nurse should begin with the "case." Instruction should be given to the one who is to care for the patient and the fewer people assisting in this care and treatment the better. Typhoid is communicable by contact with the discharges from the body and the handling of articles used or handled by the patient. The nurse should give instruction in the following detail: the care of the linen which should be boiled and then washed, the dishes which should also be boiled before being washed; the burning of all refuse food, the disinfection of all discharges; the proper method of sweeping and ventilating the patient's room and last, but most important, the care of the hands of all those who come in contact with the patient.

It is a very good plan to have just inside the door of the patient's room, a nail on which a gown may be hung and a stand or chair on which is kept an orange wood stick and a pan of disinfectant solution. On entering the room the attendant should put the gown on, being careful to keep the outside of the gown from touching the clothing, slip on over the shoes a pair of cotton sneaks to protect the shoes from contact with the floor(and this is more important than it may appear on first thought); and a loose cap to cover the hair. Before leaving the room, but after everything else has been done and the gown, cap and sneaks removed, the hands should be thoroughly cleansed with disinfectant, and the nails cleaned with the orange wood stick. A cloth wet with disinfectant, should be used in turning the door knob and left on the table beside the basin, inside the room.

Nothing should be left to chance and the nurse should be sure that the correct information is given to the proper persons for the investigation of the milk and water supply, and the sewage disposal.

The presence of an actual case of typhoid in the community should be made an object lesson in an educational campaign for immunization. The nurse should make use of every opportunity at public meetings, the schools, the various clubs and local organizations to further this work, at the same time stressing the necessity for proper sanitation. Since in the case of some diseases immunization once acquired becomes permanent, it is wise to always stress the necessity for typhoid serum to be given every three years or as often as is necessary to maintain immunity.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

TYPHOID FEVER MORTALITY

Typhoid fever was responsible for a total of 187 deaths during the calendar year 1925 as compared with a total 157 for the previous year. This represents a rate of 14.3 per 100,000 population. The rate of 12.5 for the calendar year 1924. is the lowest from this disease since 1920.

A comparison of the number of deaths from typhoid fever and rates per 100,000 population by color, from 1917 to 1925, inclusive, is shown below:

Year	Total Deaths	Rate per 100,000	White Deaths	Rate per 100,000	Colored Deaths	Rate per 100,000
1925	187	14.3	116	12.9	71	17.1
1924	157	12.5	84	9.8	73	18.2
1923	177	14.8	94	11.6	83	21.5
1922	163	14.2	77	10.0	86	23.1
1921	186	17.1	144	15.6	72	20.1
1920	140	14.3	83	12.8	57	17.2
1919	176	18.4	105	16.7	71	21.5
1918	255	27.3	142	23.4	113	34.6
1917	221	24.2	116	19.7	105	32.3

The problem of typhoid fever is with us. Every dollar of public health funds spent for the protection of our citizens against typhoid fever is an investment. Seasonal mortality does not fluctuate in Florida to as great an extent as in some places. However, the fact that Florida has warm sunshine, flowers and pleasant surroundings during the winter months when in many states, there are cold, freezing temperatures, wind and snow, results in the movement of population which naturally affects a communicable disease such as typhoid fever. Speaking of deaths seasonally, in 1925, more deaths occurred during the month of May than for any other month, there being a total of 22; July showed 21, September 20, while during January, February, March and October, there were exactly 11 deaths each month.

This disease affects individuals at various ages. For the year 1925, deaths were recorded from infants under one year of age, to persons over eighty years. The deaths from this disease in Florida were distributed geographically as follows: Hillsboro county 20, Dade county 18, Escambia county 14, Pinellas county 13, Duval 12, Marion, St. Johns and Broward counties, 6 each. The other counties (except those listed below) had deaths recorded from 1 to 5, inclusive. The following counties, however, did not have a single death reported from typhoid fever: Bay, Brevard, Charlette, Citrus, Collier, DeSoto, Franklin, Glades, Hendry, Hernando, Lafayette, Lake, Liberty, Monroe, Okeechobee, Osceola, Pasco, Sarasota, Sumter, Union, Wakulla.

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths from Typhoid, by Color and by Counties, 1925

	COUNTIES	DEATHS		
		Total	White	Colored
0.	State	187	116	71
1.	Alachua	1	1	.....
2.	Baker	1	1	.....
3.	Bay	.....	.....	.....
4.	Bradford	2	1	1
5.	Brevard	.....	.....	.....
6.	Broward	6	2	4
7.	Calhoun	2	2	.....
55.	Charlotte	.....	.....	.....
8.	Citrus	.....	.....	.....
9.	Clay	1	1	.....
62.	Collier	.....	.....	.....
10.	Columbia	2	.....	2
11.	Dade	18	11	7
12.	DeSoto	.....	.....	.....
56.	Dixie	1	1	.....
13.	Duval	12	8	4
14.	Escambia	14	14	.....
53.	Flagler	1	.....	1
15.	Franklin	.....	.....	.....
16.	Gadsden	7	3	4
57.	Glades	.....	.....	.....
17.	Hamilton	1	1	.....
58.	Hardee	2	1	1
63.	Hendry	.....	.....	.....
18.	Hernando	.....	.....	.....
59.	Highlands	1	.....	1
19.	Hillsboro	20	13	7
20.	Holmes	2	2	.....
21.	Jackson	3	1	2
22.	Jefferson	3	2	1
23.	Lafayette	.....	.....	.....
24.	Lake	.....	.....	.....
25.	Lee	1	1	.....
26.	Leon	4	4	.....
27.	Levy	2	2	.....

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths from Typhoid, by Color and by Counties, 1925 (Continued)

	COUNTIES	DEATHS		
		Total	White	Colored
28.	Liberty	.....	.....	.....
29.	Madison	2	2	.....
30.	Manatee	5	3	2
31.	Marion	6	3	3
32.	Monroe	.....	.....	.....
33.	Nassau	1	.....	1
34.	Okaloosa	4	4	.....
54.	Okeechobee	.....	.....	.....
35.	Orange	3	2	1
36.	Osceola	.....	.....	.....
37.	Palm Beach	4	1	3
38.	Pasco	.....	.....	.....
39.	Pinellas	13	8	5
40.	Polk	11	7	4
41.	Putnam	2	1	1
42.	St. Johns	6	.....	6
43.	St. Lucie	1	.....	1
44.	Santa Rosa	3	3	.....
60.	Sarasota	.....	.....	.....
45.	Seminole	5	2	3
46.	Sumter	.....	.....	.....
47.	Suwannee	2	.....	2
48.	Taylor	3	.....	3
61.	Union	.....	.....	.....
49.	Volusia	4	4	.....
50.	Wakulla	.....	.....	.....
51.	Walton	2	2	.....
52.	Washington	3	2	1

F. H. N.

UNDERTAKER, HAINES CITY CONVICTED

Harry Z. Oldham, undertaker in Haines City, Florida pleads guilty to violation of law in connection with removal of a body without first filing a death certificate, and securing a burial permit Harry Z. Oldham was fined $16.00 and costs.

LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

BUREAU OF VITAL STATISTICS—(Continued)

PHYSICIANS

Only a few days remain for checking 1926 birth records. Please look over your files and see if you have attended any births for which the original birth certificates have not been filed. Your patients must necessarily depend on you for the official legal records of birth. Do not put this important matter aside. Examine your files immediately, and send in birth certificates for all unreported births.

It is very gratifying to note the splendid cooperation of the physicians in this state; 26,610 birth certificates were registered for the first ten months of this year. Many a friend has complimented you although you have not been aware of it, during the last few years, when the birth record has been necessary, and your patient found that the original certificate had been nicely filled out and filed. It has been our privilege to hear many loving remarks about physicians who have passed away, when the certificate was produced by this Bureau. It is natural for everyone to look up to their family physician. It is, therefore, a great responsibility on the family physician to protect the rights and privileges of those who depend so trustingly on him

The books will be held open for a reasonable length of time and it is hoped that every physician in the state will check over his files very carefully and place in the hands of the local registrar, all certificates for unreported births.

LOCAL REGISTRARS

Please survey your district at once and collect all certificates for unreported births and deaths.

The reputation of the state of Florida depends on the records of each individual registration district. Do not fail to forward delayed certificates for the calendar year 1926 as promptly as possible.

FUNERAL DIRECTORS

It is not necessary to ask the morticians to check their records for death certificates as the original death certificate must be filed before a body is moved or interred. A word to you, however, is given in appreciation of your continued cooperation. The morticians in Florida have been very careful in filing the original death certificates and in securing burial permits before moving or interring bodies. This service has been very much appreciated and the value of the information as compiled for the official state records will be a living monument to those who have so faithfully performed their duty.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

IN GOD WE TRUST

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

VOL. 19 FEBRUARY, 1927 No. 2

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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†Supervisors.

‡Address all correspondence care State Board of Health, Jacksonville.

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

The following article on smallpox came to me last June and is, in my opinion, a classic.

In 1926 there were reported to the State Board of Health 2,890 cases of smallpox but the infection was of a very mild nature and there were but 8 deaths during the first 10 months, (figures for November and December are not available at time this is written), however, we did not know at what moment the virulent type of the infection might reach us for we knew that it existed in more than one state. With this thought in mind I wrote at once to Dr. Parrish asking his permission to publish the article but my first letter failed to reach him.

With an increasing number of cases being reported in various parts of the state a second letter was sent and a copy of the reply follows. Please read the letter carefully, then the article for both will bear the closest scrutiny.

It rests with the citizens of a state to determine if smallpox outbreaks shall occur for the disease cannot spread in any well vaccinated population.

The presence of smallpox hurts any community, hence, who can deny that any man who permits himself or his children to contract this disease has forfeited his right to be considered a good citizen. GET VACCINATED.

DEPARTMENT OF HEALTH

City of Los Angeles

116 W. Temple

December 4, 1926.

Dr. B. L. Arms,
State Health Officer,
Jacksonville, Florida.

Dear Doctor:—

Your letter dated November 29th just received. I did not receive your letter of June 16th. I am glad you like the smallpox article that I sent out. It was based on actual facts, events as they happened here. You may use that paper in any manner you like in order to awaken the public to the dangers of smallpox.

Your state will regret it as long as there is a state if they let the anti-vaccination, anti-vivisection crowd get into the saddle. It will not only place an unnecessarily heavy burden on the public but it will take a heavy toll in lives. This would not be so bad if it took only the grown-up population, but it is a crime to let innocent children pay the penalty of their parents' ignorance. The death of children caused by smallpox should be referred to the coroner and if the blame can be properly placed, it is my opinion that the person who is directly the cause of the death should be

ADMINISTRATION—(Continued)

tried for manslaughter.

With best wishes, I beg to remain,

Respectfully,

(Signed) George Parrish, M. D.
Health Officer.

You can use this letter also if it will be of any service.

SMALLPOX

With Particular Reference to Cases Occurring in Los Angeles City, 1926.

By Dr. George Parrish, Health Commissioner
Los Angeles, California

The recent smallpox outbreak in California did not come as a shock to those who make a study of health problems. It was not a thing of the moment but had been accumulating for several years. Although there have always been too many cases of smallpox in California and in most other states, the sane and thinking people, who are as a rule the business people, forgot all health problems in their pursuit for business. Whenever the business people become so rapt up in their own or selfish affairs that all else is forgotten it is right then that the entire community pays the bill. In this instance in Los Angeles alone it cost 164 lives and over one-half million dollars—and all preventable.

What an indictment of intelligence—What a crime was committed! While California's leading and worth-while citizens saw that the business of its State was properly conducted and made a profit, the fanatics and those persons who preach medical freedom and talk constitutional rights circulated petitions throughout the State, and by means of certain forms of propaganda, obtained enough signatures to place on the ballot the question of doing away with compulsory vaccination.

As the election approached, the business people continued to "mind their own business," and as a result compulsory vaccination became a thing of the past. Still, the merchants, doctors, nurses, hospitals and those persons who believed in vaccination, continued on in the even tenor of their own ways—satisfied with themselves and what they were doing. The anti-vaccinationists won and they crowed loud and long and they had a crow coming, for had not a small, misinformed, irresponsible but active minority carried an election over a sleeping, self-interested, self-satisfied majority? But it is the same old story "He who laughs last, laughs best," and although this laugh has cost 164 lives and $500,000.00 and wrecked innumerable homes and brought sadness and grief to thousands of hearts, it may not be without compensation for it may awaken the public conscience and prevent such a catastrophe in the future.

Unfortunately for themselves and more so for the world at large the anti-vaccinationists have misconstrued the meaning of the terms "Medical freedom and Constitutional rights." Medical freedom grants the individual the right to have any doctor he wishes or none at all; to take or

ADMINISTRATION—(Continued)

reject any medicine; to care for himself in any manner he sees fit, provided he does nothing to jeopardize the rights of other citizens. The moment this happens his individual rights cease and he is subject to the provisions of the law the same as every other person. Roman law allowed a father to kill his child. It was his own, but that isn't the law now. Laws are made by the people and minorities must accept these laws and obey them.

Along about 1921 compulsory vaccination was removed from the statute books. Vaccination was now optional, and as subsequent and recent events proved, it was practically obsolete. Smallpox began to increase in number and severity. In the State of California in 1921 there were 5,583 cases; in 1922, 2,136 cases; in 1923, 2,030 cases; in 1924, 9,231 cases, while in 1925 there were 4,000 cases. During these five years, 132 deaths. While there were more cases in 1924 than in 1925, the type in 1925 was much more virulent. For instance, in the L. A. Smallpox Hospital, 1.407 cases were treated in 1924 with one death, while in 1925 there were 567 cases in the hospital with 26 deaths. And yet in spite of the fact that there were thousands of cases of smallpox annually in this state, only occasionally did anyone issue a warning cry of the approaching danger. Finally the storm broke. Smallpox which for years had been benign and harmless, suddenly became confluent or hemorrhagic in type.

In December 1925 there were 99 cases of smallpox in Los Angeles city and 10 deaths. In January 1926 the number of cases rose to 205 with 26 deaths; in February there were 329 cases with 63 dead; in March, 263 took smallpox and 40 died; in April there were 123 cases and 37 deaths.

The number and types of cases treated in the hospital were as follows:

	Cases	Deaths	Confluent	Hemorrhagic
In Jan. 1926	84	19	12	7
In Feb. 1926	115	44	24	20
In Mar. 1926	124	30	13	17
In Apr. 1926	48	27	26	1
			75	45

During January, February, March and April of this year a total of 371 cases were admitted with 120 deaths, more than 33 1-3%. Many cases remained at home.

Running true to form, the rich and the poor, the clean and the filthy were the victims. It is but fair, however, to relate that there were only two or three persons in 914 who would be classified as "not clean." This only verifies previous history that smallpox is no respector of person, nor is it affected by sanitation. In selecting its victim it respects neither saint nor sinner.

On January 20th, 1926, the smallpox was mounting so rapidly that the Health Department sent 500 letters to the largest employers of labor in Los Angeles, giving a complete history of the outbreak and urging vaccination. January 30th, a second letter—750 in number—was mailed out

ADMINISTRATION—(Continued)

emphasizing the immediate need of vaccination. It gave the number of cases and deaths and recalled the ravages of this disease before the introduction of vaccination compared with the mortality since. A resume' of the cases which had occurred in the various states during the years 1913-1923 was also submitted. This included the states with and without vaccination control.

WITHOUT REGULATION	
Ohio	51,913
Wisconsin	29,109
Indiana	40,082
Iowa	29,549
Kansas	29,831
Michigan	26,072
Washington	24,183
California	19,702

and many others.

WITH REGULATION	
Massachusetts	457
New Hampshire	241
New Jersey	936
Rhode Island	20

Why did Porto Rico with 1,299,809 inhabitants have but 137 cases in ten years, while the State of Washington with approximately the same population have 24,183?

Why did Greater New York City (Brooklyn, Bronx and Queens) with a population of over 5,000,000 have 224 cases in 10 years while Ohio with the same number of people have 51,913? Many other facts and figures are given.

In all, a series of six letters went out. The response was spontaneous and almost unanimous. As soon as death—Black Smallpox—stared the unbelievers in the face—they suddenly believed. As soon as the public knew the facts it wanted the epidemic checked. They realized the only way to do this was to vaccinate. The saner thinking people, the more substantial citizens, did not hesitate to act. Employers requested employees to vaccinate. Not only was the risk of illness and death explained to the employee, but the great financial loss which might and would accrue to each business and to the City was emphasized; statistics and figures played a large part. This chain of letters was most effective.

The majority of employees were reasonable and submitted to vaccination for the benefit of mankind and business. The more stubborn were given a leave of absence without pay.

As a result of this magnificent co-operation of all interests over 318,000 persons were vaccinated by the Health Department from January 20th to March 20th. Fully 150,000 were vaccinated by the doctors, hospitals, etc. It is estimated one-half million persons were vaccinated between January 20th and May 1st, 1926. Clinics were established in different parts of the city. The School Board sensing the serious situation turned over a room in each school to the Health Department for vaccination purposes. The school also loaned many doctors and nurses to the Health Department. Visiting nurses made a house to house canvass in the districts inhabited by foreigners.

Whenever an industry employing a large number of persons wished

ADMINISTRATION—(Continued)

the Health Department to take care of its employees, the Bureau did it.

All this time the anti-vaccinationists were perniciously active. The city was circularized and letters were broadcast. Statements inconsistent and unreliable were published. Letters were sent everywhere begging for money to carry on the propaganda. They were signed

"Yours confidentially and earnestly
Public School Protective League,
Secty. & Treas."

In one place in the Special Bulletin of February 6th, 1926, it reads.

> "Of course any good citizen is bound to respect and obey the laws of the City, State and Nation, and the Public School Protective League advises its members and friends scrupulously to comply with every legal requirement."

A few paragraphs below in the same bulletin:

> "The people are urged to defy the Health Officer and file prompt and vigorous protests to the School Board against the enforcement of the Health Officer's orders."

Again, in the same bulletin it says:

> "Undue confusion, much mental suffering, expenditure of precious time and thousands of dollars of school funds and demoralization of the school morale to an alarming extent must be the result of this *seemingly* unnecessary smallpox agitation."

Think of it, "Seemingly unnecessary smallpox agitation" when 164 persons died, and nearly 1,000 had it.

The last paragraph of this bulletin commands the School Officer to thresh out quickly the question of children obtaining cards of readmittance. A veiled threat by this alleged Protective League continues—

> "Perhaps when the people have had enough of the sham of misdirected zeal and police power, steps will be taken in the proper way to place smallpox control on a basis which will insure to the public permanent security against the invasion of individual rights by political doctors."

Only one conclusion can be gained from their bulletin. It clearly sets forth that they believe that their "individual rights" as they see it gives them the right to scatter disease at will without restraint or interference.

That this vicious propaganda had its effect is attested by the following verbatim letter received by the writer. It is only one of the many received, and was written on the back of a letter sent out by the Public School Protective League.

> "Dr. Parrish:
>
> You may or may not have seen this literature before, but I felt it should be brought to your attention. Such propaganda is a menace to health and law and should be suppressed.
>
> From one who has suffered the loss of a dear one in the

ADMINISTRATION—(Continued)

present epidemic on account of such propaganda.

(name) "In our files."

Truth, crushed to earth, shall rise again
The eternal years of God are hers;
But error, wounded, writhes in pain
And dies among her worshippers.

A circular letter sent out by the anti-vivisectionists beclouded the issue and helped increase the deaths and cases. In it the writer resorted to that time worn "bunk" of quoting "some alleged Professor of some mythical Royal College 5,000 miles away, who says "The whole of this wretched vaccination system is based on superstition." Then, the anti-vivisection writer harps on State Medicine and says medical men differ on the efficacy of vaccination. This is not true. It is well known that all scientific and ethical medical men are unanimous in their opinions of vaccination. The profession cannot be responsible nor can it answer for the black sheep "who fall by the wayside." As soon as these men start on the down grade and are dropped from their various societies, they form alliances with the different organizations that have no scientific training and become "go-getters" or "gold diggers." No longer being restrained by the love of their fellow men or by ethics, they follow the line of least resistance.

What a tangled web we weave,
When first we practice to deceive.

A personal invitation was extended many of the leaders of this anti-vaccination movement to visit the smallpox hospital and see the cases of confluent and hemorrhagic smallpox, but no one accepted.

The epidemic was not confined to any particular area, but was widely scattered over the whole city. Cases were taken from the finest hotels, the largest apartment houses and the most exclusive residential sections. Less than 20% of the cases came from the foreign population, including the Mexicans. The type of this outbreak was far different from the smallpox of the past 20 or more years.

Over 50% of the cases reported were either confluent or hemorrhagic in character, and 33% of those who contracted either of the above mentioned types died. The death rate from the total number of cases reported was 10%. Almost without exception, the confluent cases suffered the tortures of the damned. One case was a repetition of another. Each was almost a solid scab from head to foot; they were temporarily blind, having postules in the eye. The nose and mouth and throat were filled with these sores; delirium prevailed. Tracheotomy was occasionally done. If the case rallied and survived, the pustule stage, it frequently died from boils and carbuncles and abscesses. In one instance 45 boils and abscesses were opened on one individual and drainage tubes placed. The death rate from this kind of case—the confluent—was slightly over 50%. These cases generally suffered two or three weeks before recovering or dying. The hemorrhagic cases all died, except three. These three cases had been

ADMINISTRATION—(Continued)

successfully vaccinated many years previously.

The sufferers of these cases was extreme, but generally ended in three days or less. Something seemed to tell these people they were dying. Perhaps it was the intense toxemia. They knew from the first they were desperately ill; they presented a dusky, sometimes cyonotic appearance; an expression of anxiety never to be forgotten was on the face. The victim rolled and tossed, frequently conscious until just before death.

No eruption appeared on these, but shortly before death hemorrhages or discolorations of the skin. In many instances the blood ran from the mouth and showed in the kidneys. These cases were clearly of the purpuric type. Lord Macauley's (1694) classic description of smallpox, written following Queen Mary's death, covered perfectly the present outbreak. Dr. Lettson in 1801 truthfully said "In reflecting upon the ravages, the mind revolts with horror."

Of the 164 cases that died, 144 had never been vaccinated.
5 were vaccinated after being exposed to smallpox and quarantined by the Health Department.
15 were vaccinated over 20 years ago.

During the epidemic three cases presented fairly good evidence that they had previously had smallpox.
One 33 years ago.
One 30 years ago.
One 13 years ago.

One case that had a successful vaccination 8 years ago had a mild case, (varioloid type).

The efficacy or value of vaccination was repeatedly emphasized during this outbreak. Dozens of persons, successfully vaccinated, were exposed to the confluent and hemorrhagic types without contracting the disease, while almost without exception those unvaccinated persons who were directly exposed to either of the virulent types of smallpox took it and died.

There is another phase of the situation besides sickness which should appeal to every business man, to every taxpayer, to every sane person, and that is the cost to the community.

It is impossible to measure by any means readily appreciated by the public, the sum total of human suffering and human life demanded each year by contagious diseases such as smallpox, diphtheria, etc. Each human life, however, has a definite cash value, not only to the individual and his dependents, but to the community as well, while the time of the wage earner, the cost of the medical and nursing care, hospitalization and the cost of funerals may be readily reckoned in dollars and cents, and the story told in sordid, commercial terms of money understandable to all classes. Since communicable diseases are largely preventable diseases, since illness and death from them are largely avoidable through known methods of prophylaxis, we must regard the tremendous loss of life and money as being a preventable loss to which an intelligent and far-seeing community does

ADMINISTRATION—(Continued)

not have to submit. Failure to promptly report contagion is one cause of the spread, while another evil is the failure to observe the quarantine regulations. The third is the failure to use definite and positive preventatives, such as antitoxin and vaccination.

Criminal disobedience of the law causes irreparable damage to life and property. For instance, the present smallpox outbreak from January 1st to May 1st has cost the taxpayer of Los Angeles approximately $651,989.

Reported since January 1st—

914 new cases.
20 days—average quarantine.

18,280 days—total quarantine (150 years).
$3 per day—wage loss.

$54,840 loss in wages.

18,280 days.
$3 per day—doctor, nurses, medicine, room and board.

$54,840 Actual cost of sickness.

164 died
$100 cost of each funeral

$16,400 cost of funerals.

Insurance companies say the average life is worth $3,000.00.
164 lives lost.
$ 3,000 —The minimum value of a single human life is based on average production ability.

$492,000

$ 33,909 vaccine points, dressings, doctor and nurse employed.

$ 54,840.00	Wages.
54,840.00	Cost of sickness.
16,400.00	Funeral.
492,000.00	Life values.
33,909.00	City's outlay.
Total $651,989.00	Financial loss in six weeks.

In addition to the above figures let us take into consideration the anguish caused the family by the sickness and the death. Later the Board of Charities is called upon to take care of many of the families. Then there is the loss to business caused by labor turnover and false propaganda—at home and abroad.

ADMINISTRATION—(Continued)

Some valuable lessons were learned from the recent smallpox outbreak:

I.

The first is that many anti-vaccinationists, here and elsewhere, are a sane broadminded people who place the rights of the people as a whole, where life and property is concerned, above their individual rights. They do not believe in vaccination because most of them have not taken the time or trouble to study vaccination itself or the problems connected with it, but have listened to the advice of other disbelievers or non-believers who know nothing of the subject, but who spend their time giving generously of their ignorance. Unfortunately for the anti-vaccinationists, they have in their ranks a number of agitators and job holders, who like the proverbial lone wolf, make a terrible noise. It is these radicals who bring disgrace and discredit to their followers and put them in an unenviable light. This misinformed minority love to see their names in print and to hear their own voices. Each feels that his or her questionable popularity, alleged leadership and position depends on meddlesome tactics and noise. They offer no opposition when the epidemic is at its peak and deaths are many for they are smart enough to know the temper of the public would stand none of their "silly bunk," but the moment things quiet down and peace prevails they begin to flood the city with their perniciously false propaganda.

II.

In the presence of an epidemic all persons should be vaccinated unless successfully vaccinated within the year.

III.

Many persons with successful vaccinations apparently do not get a take on re-vaccination. A great injustice is done many of these people for they get an immunity reaction which many doctors fail to recognize.

IV.

It is sad but true, but money holds first place in public attention. Appealing to the public, showing it the financial losses involved, accomplishes quicker and better results than talking about sickness and deaths.

V.

The majority of all people readily accept vaccination when it is explained to them. Everyone should know the truth about vaccine, its manufacture and its purity.

VI.

The greatest morbidity, mortality and financial mistake any community can make is the failure to keep its population well vaccinated. Smallpox invariably and unerringly strikes every un-vaccinated city and state. It may not be this year or the next, but it is as sure to come as death itself.

ADMINISTRATION—(Continued)

SUMMARY OF CASES FROM JULY 1st, 1925 TO MAY 1st, 1926.

The following cases were vaccinated in childhood or infancy:

Had Smallpox when—

18 years old,	2	42 years old,	3	63 years old,	3
20 years old,	1	43 years old,	2	64 years old,	1
21 years old,	2	44 years old,	1	65 years old,	2
23 years old,	3	45 years old,	5	66 years old,	2
24 years old,	4	46 years old,	5	67 years old,	1
25 years old,	7	47 years old,	1	69 years old,	1
26 years old,	3	48 years old,	2	70 years old,	1
27 years old,	1	49 years old,	1	71 years old,	1
30 years old,	6	50 years old,	3	75 years old,	2
31 years old,	2	51 years old,	1		—
32 years old,	3	52 years old,	3		14
33 years old,	1	53 years old,	3		55
34 years old,	3	54 years old,	3		53
35 years old,	3	55 years old,	3		—
36 years old,	2	56 years old,	1		
37 years old,	3	57 years old,	1	Total,	122
38 years old,	1	59 years old,	4		
39 years old,	3	60 years old,	6		
40 years old,	5	61 years old,	5		

Number vaccinated too long ago to be immune.

Had smallpox at—

Age 30, vac. 6 yrs ago.	Age 50, vac. 20 yrs ago.	Age 61, vac. 30 yrs ago.
Age 21, vac. 7 yrs ago.	Age 63, vac. 20 yrs ago.	Age 50, vac. 30 yrs ago.
Age 38, vac. 7 yrs ago.	Age 79, vac. 20 yrs ago.	Age 45, vac. 31 yrs ago.
Age 45, vac. 7 yrs ago.	Age 50, vac. 21 yrs ago.	Age 49, vac. 33 yrs ago.
Age 34, vac. 8 yrs ago.	Age 33, vac. 23 yrs ago.	Age 70, vac. 33 yrs ago.
Age 40, vac. 8 yrs ago.	Age 53, vac. 25 yrs ago.	Age 52, vac. 38 yrs ago.
Age 37, vac. 10 yrs ago.	Age 40, vac. 25 yrs ago.	Age 72, vac. 40 yrs ago.
Age 30, vac. 12 yrs ago.	Age 43, vac. 26 yrs ago.	Age 62, vac. 40 yrs ago.
Age 35, vac. 17 yrs ago.	Age 55, vac. 26 yrs ago.	Age 73, vac. 55 yrs ago.
Age 37, vac. 17 yrs ago.	Age 50, vac. 27 yrs ago.	
Age 39, vac. 17 yrs ago.	Age 56, vac. 28 yrs ago.	
Age 45, vac. 17 yrs ago.	Age 48, vac. 30 yrs ago.	Total, 33

SUMMARY:

Number vaccinated in childhood or infancy	122
Number vaccinated too long ago to be immune	33
Number vaccinated after exposure (too late)	113
Number never successfully vaccinated	952
Total number of cases reported	1220

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

SMALLPOX THE STEALTHY

If all cases of smallpox were seen by physicians, if all cases were recognized early and reported promptly, then the disease might be controlled by isolating (quarantining) the patients—and the word "might" is used advisedly for there is serious doubt whether it could be done, even if all the conditions could be met. So long as even a small per cent of the patients get on without a doctor, so long as doctors call the disease by some such name as "elephant itch," "swinepox," etc., as has recently been done, and so long as patients hide the disease or doctors fail to report—just so long will the un-vaccinated be liable to exposure and in danger of contracting smallpox. So impossible has it been to get an early diagnosis and report, and adequate isolation in all cases that never in the long history of smallpox was it possible to prevent its spread until the present method of vaccination became known and applied.

Vaccination is the one and only means of controlling smallpox in any community or of protecting any individual; this has been demonstrated repeatedly, notably in very recent years in Minneapolis, Detroit, Kansas City, Los Angeles and any number of smaller cities and towns. In Florida last year the writer, each member of the staff of this bureau and a number of city health officers had the same experience of abruptly terminating epidemics in their very beginning by vaccinating all known exposed persons, and a large part of the people in the city or town.

222 CASES IN THREE MONTHS

During the year 1926 there were reported in this state 2,890 cases of smallpox. Although a determined effort was made to get a record of every case, it is quite probable that many were mild and unrecognized and that some were deliberately concealed.

During the last quarter of the year—October, November and December—there were reported from 28 counties, 222 cases of smallpox distributed in 48 communities.

Many of the cases that occurred last year were very mild, many others were very severe.

It is freely granted that most persons who fail to recognize the value of vaccination are honest, though seemingly prejudiced in their convictions. The great pity is that sometimes it takes an attack of smallpox to demonstrate the seriousness of the disease. This year the writer has personally seen three very prominent persons with smallpox converted to a firm belief in the vaccination that protected absolutely the other members of the household and neighbors. Almost any anti-vaccinationist changes his attitude at sight of a well developed case of smallpox.

—F. H. N.—

Dr. A. P. Harrison, who during November and December was acting City Health Officer at Fort Lauderdale, has assumed his regular duties as field medical officer in a new district comprising Marion, Levy, Lake, Sumter, Citrus and Hernando Counties. His headquarters are at Ocala.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

SMALLPOX AND THE PUBLIC HEALTH NURSE

I am reminded of a story of an Irishman by the name of Finnegan, who worked for a railroad company. The first time he had an accident to report he sent in a long detailed account of the accident and received from headquarters a very curt reply advising him to make his reports in future short and to the point. The second accident occurred, and the following report was sent, "Off again, on again, gone again. Finnegan."—which was complete, short and to the point. In attempting an article on the prevention of smallpox, for it is a known fact that smallpox is a preventable disease, I should like my article to contain one word—VACCINATE.

It would seem that sufficient educational work had been done for the entire population of the country to know the reason for vaccination. Time was, before the preparation of the vaccine virus had been perfected, that occasionally we did hear of severe reactions following vaccinations, but with the present method of preparation in laboratories where every smallest detail is cared for scientifically by experts, we need not fear the results of its use. To my mind it is a queer kind of love that will make parents refuse vaccination for their children and run the risk of them carrying scars for life, to say nothing of the possibility of loss of life. The adult who refuses vaccination should suffer the consequences of his own act, but children are the responsibility of their parents and the community in which they live and are not in a position to protect themselves, therefore just as we protect them from hunger and cold and from anything else that would harm them, we should protect them against this disease which is becoming more prevalent each year. The records show that there were thirty-seven thousand cases of smallpox in the United States last year, with over seven hundred deaths and the only way a repetition of this can be prevented is by VACCINATION.

The person who has a successful vaccination is safe, no matter how many cases may be in the community and so far as we know, no other thing will prevent this disease. Vaccination is a simple process and children are much more reasonable than most adults think they are. If the Public Health Nurse, in talking to the school children, will explain to them what it is all about, there are many children who would accept vaccination without fear. The unfortunate part of permitting each person to please himself in the matter of vaccination would be alright if there was an entire adult population but we have thousands of children who must be protected.

The Public Health Nurse has a wonderful opportunity for the education of the general public as well as the children and she should make it her business to do educational work on smallpox while doing her routine work whether in the home, school, public meeting, or wherever her duties call her. Every Public Health Nurse should set as her goal for the territory in which she works, to have one hundred per cent vaccinations, at least of all children.—VACCINATE! VACCINATE! VACCINATE!

BILL JONES and VACCINATION



IF CHILDREN CONTRACT SMALLPOX THEIR PARENTS ARE RESPONSIBLE THOUGH THEY SOMETIMES FAIL TO REALIZE THEIR RESPONSIBILITY.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF DECEMBER, 1926

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1195	1082	340	73	33	2723
Diphtheria	1105	464	80	422	131	2202
Typhoid	136	64	20	30	32	282
Malaria	183	72	20	32	43	350
Rabies	13	13		4		30
Tuberculosis	200	66	3	24	6	299
Gonorrhoea	380	176	31	71	12	670
Syphilis	2048	1039		423		3510
Water: Bacterial Exam.		44		104		148
Water: Chemical Exam.				150		150
Milk: Bacterial Exam.	9	220	26	224	5	484
Milk: Chemical Exam.	9	208	26	504	5	752
Miscellaneous	47	20	20	185	4	276
	5325	3468	566	2246	271	11876

SPECIMEN CONTAINERS DISTRIBUTED: 6203

BIOLOGICAL PRODUCTS DISTRIBUTED DURING DEC., 1926.

Diphtheria Antitoxin	10,000 units	338 Packages
	5,000 units	93 Packages
Toxin Antitoxin		13,765 C. C.
Schicks		2,850 Tests.
Tetanus Antitoxin	20,000 units	21 Packages
	10,000 units	12 Packages
	1,500 units	554 Packages
Vaccine Virus		13,775 Capillaries
Typhoid Vaccine	PLAIN	328 Treatments
	TRIPLE	1,988 Treatments
Antimeningococcus Serum		4 Cylinders
Antirabic Virus		64 Treatments
Carbon Tetrachloride		1,659 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE STATE LABORATORY, JACKSONVILLE, FLORIDA

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

TWO PROBLEMS

To carry out effective public health work, it is imperative that you anticipate trouble and provide safeguards against it. You must have your second and third lines of defense ready before you can be optimistic in your defense against the onslaught of preventable disease. To adequately prepare your lines of defense you must know the local problems involved; you must know where the weak points in your defense are and you must be prepared to throw your reserves into these salients if the enemy breaks through.

There are two demands made by the public and by farsighted public health officials one of these is adequate, safe sewage disposal. The Bureau of Engineering is definitely charged with protecting the general public from improper disposal of human wastes and protecting the streams from obnoxious trade wastes. We are checking plans for new sewage treatment plant installations to see that they are good, modern design, but we cannot enforce proper operation of these plants with the present lack of technical staff. The problems of sewage disposal are many and varied. Along the coasts the logical and most used method of disposal is discharge into salt water. There are some cases however, where this is decidedly objectionable and must not be allowed. Our bathing beaches are big assets to Florida and we cannot allow them to be harmed by some large city discharging sewage into nearby waters from whence it will wash up on the beaches. We cannot allow the sewage to go into waters that are used as shellfish growing areas unless some steps are taken to so treat the sewage or the oysters that disease is not liable to be spread through the shellfish. Cities that once had satisfactory sewage treatment plants have grown tremendously during the past two years. Sewers have been extended and extended with very little or no work done to enlarge the treatment plants. One large city is grossly polluting a stream that flows through the heart of the city with raw sewage and the reason given is the money ran out and now we can get no more. The Engineering Bureau cannot accomplish much by correspondence; repeated visits are necessary, conferences must be held and those in authority must be convinced that this pollution of streams must stop. We cannot do this with two field engineers. Streams in Florida constitute a tremendous drawing card for visitors and prospective citizens. Shall we allow these streams to become open sewers as they have become in some states to the North of us? Shall the senses of our visitors be shocked by floating solids, and noisome odors fill the air in the vicinity of sewage disposal points? Shall we allow plants of good design to become nuisances through faulty operation or destructive operation? Shall our streams now so plentifully stocked with game fish and the joy of thousands become foul, ill smelling, and supporters only of the life that flourishes in cesspools? Prevention of these conditions should be our watchword NOT correction. But along this line we have a strong

BUREAU OF ENGINEERING—(Continued)

ally—the Isaac Walton League membership in Florida. They are alive to conditions and know the problem—know how we cannot meet it at present and how we should and could meet it with adequate technical personnel.

The other demand of the public and the conscientious public health official is that the milk supply be safeguarded. The demand that the State Board of Health take steps to safeguard the consuming public from improperly produced and improperly handled milk has been made by cities and counties. Local Chambers of Commerce have asked our aid in building up the dairy industry of the state so that we will cease to buy milk from Wisconsin that is four days in transit and oftimes a week old from producer to consumer. Our local producers must attain a high standard of quality—their cattle must be tuberculosis free, their barns of good construction, water supply safe, drainage good, manure properly handled, utensils washed and sterilized and subject to inspection from the milk control officials of the larger cities. Some cities do not send their inspectors to the sources of supply but depend on the safeguard-pasteurization at the distributing point. And because a milk is pasteurized is it safe then? In other states where extensive milk work has been carried on by the Engineering Bureaus, it has been found that imperfect pasteurization was the rule rather than the exception. In what condition are our milk pasteurization plants? We know that one of them was buying milk from any and all sources, straining it to remove the hair, etc., mixing it all up and heating under the name of pasteurization to 160 degrees for ten minutes. (The State Board of Health rules call for 143 to 145 degrees for 30 minutes). The milk was then cooled over a surface cooler so located that the dust from the unpaved street in front or the railroad yard in the rear or the attic above had every opportunity of getting in. This milk was then shipped to three large cities. The plant has been put into good shape and the producing dairies are now in good shape. But we had to take one of our men off his regular work to straighten this milk plant out. We did it but it was a several weeks job. And in the meantime other pressing demands could not be met. States active in milk sanitation have found that trained engineers are the logical and most effective personnel to handle the pasteurization problem. Home produced milk—imported milk pasteurized milk—how is it produced—how is it handled—does Grade A pastuerized mean anything or does it not. The problem presents itself—the demand is made—our answer is expected.

To attack is a good defense so a military phrase goes. We are willing to attack for we know our defenses in milk sanitation and sewage disposal are weak. Our duty is clear, we must hold what ground we have—prepare our forces and then attack. Our present staff is doing everything it possibly can—services without stint all the time is our motto. Reinforcements must be provided if Florida is to keep her "place in the sun" as a state where the public health problems are met. Public Health is purchaseable—how much do you want? The Engineering Bureau will guarantee big returns on every dollar invested in solving the problems of sewage disposal and milk sanitation.

BUREAU OF CRIPPLED CHILDREN

F. L. Fort, M. D., Director

HOPE HAVEN HOSPITAL FOR CRIPPLED CHILDREN AT JACKSONVILLE

The name of this Institution might lead one to think that all type of deformities are treated here. Numerous letters of inquiry have been received concerning treatment for all types of crippled children, which the Institution is not prepared to handle. The object of this article is to acquaint the people with what type of cases the hospital was designed to treat, as well as what class of cases it could not care for.

Hope Haven Hospital is under the auspices of the Duval County Anti-Tuberculosis Association. Only white children between two and twelve years of age can be admitted, and then upon the recommendation of some member of the staff. Children whose parents are unable to pay for private care are the ones most desired at this institution. Preference is given to cases exposed to tuberculosis and to bone and joint tuberculosis. No case of active pulmonary tuberculosis, where there is danger of other children contracting the disease from such a patient, is admitted to the Hospital.

The Institution was intended to be a convalescent home for undernourished children and for those who have an inactive or healing tuberculosis process somewhere in their body. These children as a rule come from homes where the proper food cannot be obtained for them. Likewise they are usually in very unsanitary homes, either because of ignorance or poverty. A few cases of rickets and like diseases have been admitted to the Institution. Also it is contemplated admitting some cases with chronic heart disease, which can be cured with proper care. No operations are performed at Hope Haven Hospital. If any surgical conditions arise necessitating an operation, the patient is transferred to some one of the local hospitals for the operation and then returned to Hope Haven, after a few days, for convalescence.

The Institution was not designed to treat club feet, spinal curvature, infantile paralysis and such other deformities as require operations.

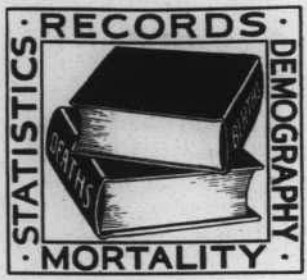
Parents who are able to pay board for their children in this Institution may have them admitted upon the recommendation of some member of the staff. The usual cost per day is about $1.00. Where parents are unable to pay, the expense is defrayed by the Anti-Tuberculosis Association. Their revenue for maintaining the Institution is derived largely from the Christmas Seal sales. Children living anywhere in the State of Florida are eligible for admission.

The Staff of this Institution is composed of a competent corps of local specialists living in Jacksonville and the Institution is not under the control of the State Board of Health. About one-half of the cases are patients of the Crippled Children's Department of the State Board of Health. The expense of these cases is borne by the Florida State Board of Health.

For further information concerning admission and treatment of cases, the reader is referred to Miss May S. McCormick, Dyal-Upchurch Building, Jacksonville, Florida.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director



BIRTHS ARE REGISTERED

BY—Physician, midwife, or parent in the order named.

WHEN—Within ten days after date of birth.

WHERE—With the local registrar of Vital Statistics.

DEATHS ARE REGISTERED

BY—The undertaker or person acting as undertaker.

WHEN—Before a body is interred or moved from district.

WHERE—With the local registrar of Vital Statistics.

RECORDS ARE FILED

BY—The State Bureau of Vital Statistics.

WHEN—Received from local registrars, 10th of each month.

WHERE—Vault in State Board of Health Building, Jacksonville.

—F. H. N.—

NOTICE—See Page 16, January 1927 Health Notes

LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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VOL. 19 MARCH, 1927 No. 3

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER

Jacksonville

THE BOARD

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ADMINISTRATION

B. L. Arms, M. D., State Health Officer

Any health program in a Southern State that does not include the negro race falls far short of being a complete program.

The contacts between the races are frequently closer than between those of the same color.

In a great many white homes this is true as the children are cared for by negro nurse maids, the meals are prepared by negro cooks and served by negro maids. A great majority of the laundry work is done by negro help and the contacts could be greatly extended.

Any disease that affects one race affects the other sooner or later, hence, the observance of negro health work as a National custom.

Let us all assist in making the work this year a success.

Following is the announcement as sent out from Washington.

"The week of April 3 to April 10, 1927, has been set aside for the thirteenth observance of National Negro Health Week. State and municipal health departments, voluntary health organizations, and numerous other agencies interested in race welfare and advancement are co-operating with the U. S. Public Health Service in a determined effort to improve health and living conditions.

As a first step in this widespread campaign, the Public Health Service announces the preparation and issuance of the annual National Negro Health Week Bulletin. This publication outlines effective methods of instituting and successfully carrying out the program of the Health Week. It is designed primarily for churches, schools, fraternal organizations, welfare societies and other groups interested in community progress and race betterment, and contains, in addition to methods for organizing the programs for Health Week, information and sources of materials of value for Health Week work.

It is the plan of the campaign to set aside each day of the week for special observance of some phase of health work. Sunday, April 3, will be Mobilization Day; Monday, April 4, Home Hygiene Day; Tuesday, April 5, Community Sanitation Day; Wednesday, April 6, Children's Health Day; Thursday, April 7, Adult's Health Day; Friday, April 8, Special Campaign Day; Saturday, April 9, General Clean-up Day; Sunday, April 10, Report and Follow-up Day.

In addition to the Bulletin there is being distributed this year a specially prepared poster which gives in brief and interesting form the various rules of health and appropriate information which has for a number of years contributed to the success of National Negro Health Week. This poster is a beautifully printed three-color illustration, and it is the aim of the committee in charge of this activity to have a copy placed in every home.

The poster is being issued in a very limited edition for free distribution. Single copies or quantities of the poster or bulletin may be purchased at nominal cost from the Superintendent of Documents, Government Printing Office, Washington, D. C.

ADMINISTRATION—(Continued)

Health officials, race leaders, and others interested in the successful promotion of this observance can secure copies of the Bulletin or additional information as to the proposed plan of the Health Week by writing the U. S. Public Health Service, Washington, D. C., or to the Headquarters of the National Negro Health Week Committee, Tuskegee, Alabama."

—F. H. N.—

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

STORY OF THREE BOYS

Some twenty years ago there lived in a small Florida town an honest working man and his good wife with their three precious boys. Harry was six years of age, Will was nine and John was thirteen. They dearly loved to play marbles and other games in the open space under the big live oak in the area not occupied by the chicken house, stable or other back yard buildings. This was the favorite playground for all the boys of the neighborhood. Sometimes the rain caused them to quit their fair weather games and hustle to shelter under the back porch but as soon as the shower passed all would hurry out to paddle with bare feet in the water and mud which was fine for mud pies and mud houses, but Oh and Alas, there was in the mud something besides sand and clay and ordinary dirt and water—countless little enemies of childhood's healthy growth, happiness and rosy cheeks, for the parents of John and Will and Harry had not learned about sanitation; they did not know that in the intestines (bowels) of many people lived animals that were killing and injuring more people than all the wild cats and rattlesnakes together; animals that each day produce hundreds of eggs for the chickens or pigs to scatter about the back yard along with the filth from the open back privy beside the stable. They did not know that from these eggs hatch baby animals so small that they cannot be seen except with the aid of the magnifying glass, animals that do not poison as do snakes nor bite and scratch as do tigers but animals that crawl stealthily through the skin, get into the blood and finally reach the bowel where they live and feed upon the blood. So, when Harry and Will and John played in the mud and had ground itch they did not know just what caused it, they did not know why they lost interest in their play and work nor why the pink color departed from their cheeks, neither did their parents or any of the neighbors know until one day there came to the school house a health doctor who told the children all about hookworms, the blood sucking animals that live in the bowel and take along with blood, much of the joy from the lives of boys and girls. Surely no animal is more to be feared than one that takes happiness from the lives of little children.

So the father of John and Will and Harry went to the doctor and obtained a simple remedy which they swallowed and the hookworms were destroyed. He then secured from the Board of Health instructions and diagrams that enabled him to build a sanitary privy that prevented the filth and hookworms from being mixed with the soil in the back yard. The three boys soon had color in their cheeks again, they enjoyed playing and work-

BUREAU OF COMMUNICABLE DISEASES—(Continued)

ing and grew to be very useful men. Will is a doctor, Harry is a wealthy fruit grower, and John a successful lawyer who will represent his people in the State Legislature this year.

Sequel

Frank and Robert, two playmates of the boys in the story had parents who said they did not believe in the newfangled notions about sanitation and hookworms. They said their parents and grandparents had gotten along without hookworm treatment and without knowing how to prevent hookworm disease by sanitation, and they guessed that they could get along the same way. So Frank and Robert had ground itch every summer, became more pale and listless each year and did not grow into strong vigorous men as they should. One of them is working at odd jobs about town and the other is night watchman at the mill.

HINTS ON VACCINATION

Parents should ever be mindful of one thing, if a child catches smallpox it is not through any fault or neglect of his own. The blame should be placed where it belongs—on the person who should have seen to it that the child was vaccinated. The writer has seen a parent ask a four-year-old child if he wanted to be vaccinated, but responsibility cannot be thus placed upon the child.

There is no doubt that every child should be vaccinated on entering school or even before entering so that school work may not be interrupted, but the time of all times for vaccinating is in infancy—before the baby begins to toddle about and before it has any duties to be interfered with, duties like making mud pies, wallowing in the dirt and getting bumps on every part of its anatomy. Everybody knows that dirt and bumps are not good for a vaccinated arm. Vaccination of infants is attended with less general reaction and fewer complications than vaccination of older children so vaccination should be done as soon after birth as practicable, preferably before teething.

The scar will scarcely be noticeable. The secondary vaccination often required at school age will be much milder than if the school vaccination were primary and the child is protected during the pre-school period.

Dressings are not usually necessary or desirable. If air is admitted freely to the area it will do very well, particularly if the puncture method is practiced and this method is rapidly gaining favor. Shields and bunion plasters certainly are to be avoided. A gauze dressing fastened loosely from adhesive or pinned to the sleeve of the undergarment may be used to protect from dirt and injury.

Leg vaccination is not recommended. It is more exposed to street dirt, the "take" is usually larger than those on the arm, slower in healing and more likely to cause temporary disability. Vaccination is safe. It is a positive protection from smallpox and the only dependable preventive.

—F. H. N.—

During the month of January, the ten physicians who constitute the field force of the Communicable Disease Bureau, conducted a great campaign of education along the line of communicable disease control. This was done

BUREAU OF COMMUNICABLE DISEASES—(Continued)

by means of talks to school children, Parent-Teachers' Associations and Civic Clubs, personal interviews, conferences and articles published in local papers. Besides investigating a considerable number of contagious diseases, the doctors vaccinated 3,648 persons, gave 2426 doses of typhoid vaccine, Schicked tested 6220 and administered 7278 preventive innoculations for diphtheria.

—F. H. N.—

There is no magic spell, charm or incantation that will prevent contagion. The infecting agent of every disease has some definite means of reaching susceptible persons and success in disease control depends largely on learning and intercepting this line of travel.

—F. H. N.—

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

"SIGHT SAVING CLASSES"

Advantages for the child with normal vision have existed from the beginning of American history. The church and the school house were the first public buildings planned for, in any colony. Since 1831 when the first school for the blind was established in the United States, a system of education for the blind has been gradually developed. In 1909 Mr. Robert B. Irwin opened a class for the blind in the Public School system in Cleveland, Ohio. The following year he was asked to admit to his class two children with defective vision who could not keep up with their grades. At first he taught them the same methods he used with the blind children; this proved to be very unsatisfactory in that children with any degree of vision would depend upon that rather than upon their fingers, and in consequence injure what little vision they had.

At this time the work of Dr. N. Bishop Harman who had established classes in England for near-sighted children was brought to the attention of Mr. Irwin. From this time on, very slowly, work for children with defective vision has been entirely separate from the schools for the blind.

Reasons for establishing classes: (1.) Public Health workers which include those physicians and nurses who are examining and inspecting large groups of children in schools are constantly finding children with defective vision. This type of defect is overlooked by parents, guardians and teachers more than any other for the reason that unless the vision is well nigh gone, or the eyes show soreness, nothing is apparent to the average lay person that would indicate the need for immediate care. Adults forget that children have no standard by which they may measure their capabilities of physical fitness or vision and are prone to accept conditions without complaint. This should be one of the best arguments in favor of the annual physical examination, particularly for little children who we must also remember do not complain of conditions as adults have learned to do. The writer has many times seen the astonishment and delight with which children who, through corrective work are for the first time given normal vision at seeing

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)

objects which they had never seen before, such as the color of a bird's wing or the rare beauty of flowers. It is to be remembered that in the main text books in the schools are printed in the same point type. Children with defective vision are under constant strain in their attempt to accommodate their vision to type intended for normal eyes. This may lead to permanent injury. Many times children with unrecognized defective vision are considered mentally deficient and are not only deprived of blackboard lessons and play but are made the butt of ridicule on the school ground and become shy or sullen in consequence.

Until recently sufficient attention has not been paid to the proper lighting of school rooms or the use of the proper colors therein so that the child might have the maximum of light with least possible strain on the eyes.

Equipment necessary: 1. First a large well ventilated room. There must be ample space provided so that desks and chairs and tables may be moved about in order that the pupil may be as near as is necessary to the objects being studied. Since the child with defective vision uses up a great deal of nervous energy in doing intensive work over a short period, provision should be made for intervals of recreation, exercise and rest. An average class room 720 to 900 square feet is none too large.

2. Lighting conditions: A northeastern exposure has been found most desirable. The morning sun floods the room and the most constant diffusion is gained from the north light. Lighting by windows located on one side of the room only is best. If there are windows on two sides of a room, the walls in all cases must be adjacent to eliminate cross shadows. The seating should be arranged so that the light comes from the left or from the left and back. Children should never sit facing the light. The window area should equal not less than one-fifth of the floor area and windows should be placed about three feet three inches from the floor, to six inches from the ceiling as most light is received from the top. Window shades should run from the center to top and bottom. Buff is the most desirable color. Walls should also be of a light buff or French gray and always in dull finish. The ceiling should be white or light cream. The woodwork should always have dull finish and be of a neutral tint. For artificial lighting indirect or semi-direct systems of lighting are best and for the average room (700-900 sq. ft.) four to six fixtures should be installed. About three watts per square foot of floor area should be provided. An abundance of cupboard space should be provided, divided for the use of each pupil since much hand work is done in these rooms and provision must be made for materials used. The ideal blackboard is a large roll of paper, either manila color or a neutral gray with which dustless crayon should be used. With this paper on adjustible rolls the irritating chalk dust is done away with as is also the dark surface of the blackboard which absorbs much light. There should also be a slate blackboard the surface of which should be as dull as possible .

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont.)

3. Seating: Movable, adjustable seats and desks should be supplied. The desks must be so adjusted that they can be raised to a sufficient angle of elevation so that the vision of the child may be accommodated. Seats and desks of this type are on the market and can be purchased.

4. Textbooks should be provided in the point type necessary to accommodate the vision of the child. These books also can be procured. Large sheets of paper should be provided instead of small note books or scratch pads and pencils with soft, thick, heavy lead making a broad line which can be easily seen. Each sight saving classroom should be equipped with typewriters which should have silence pads and shields which cover the letters.

Equipment recommended by the National Committee for the Prevention of Blindness is as follows:

Plasticene—plasterine or clay for modeling and map work.
Zinc or large wooden letters for young children.
Large knitting needles and yarn.
3 boxes peg boards.
2 boxes colored square pegs.
1 set school building blocks.
1 dozen bead laces, black.
Wooden beads.
Cut-out maps.
Other desirable equipment is as follows:—
Sand table for hand work, geography and nature lessons.
Cabinet of weights and measures.
Piano, graphophone.
1 large size loom.
1 good basket ball.

Material for hand work:

½ dozen wooden looms with steel rods.
Combs and needle 9⅞ in. by 13 in.
1 wooden loom, rod, cone and needle, 21½ in. by 20 in.
1 doz. scissors (round tips).
Rafia of various colors.
5 reeds, sizes 1, 2 and 3.
Wooden basket bottoms of various sizes.
1 book on basketry.

Since Florida is made up in a good measure of people from other states, and in all states where work has been done, the need has been proven for sight saving classes, we would do well to devote time, thought and where necessary, money on this most important work, the conservation of the sight of the children of the state, who later will either be up-standing citizens who will take their part in the upbuilding of the state or dependents on whom money must be spent for care.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF JANUARY, 1927.

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1263	536	244	72	24	2139
Diphtheria	1183	303	49	368	54	1957
Typhoid	155	84	47	17	26	329
Malaria	149	83	45	25	38	340
Rabies	15	13		4		32
Tuberculosis	192	71	14	35	6	318
Gonorrhoea	359	188	35	94	12	688
Syphilis	2165	847		482		3494
Water: Bacterial Exam.		19		84		103
Water: Chemical Exam.				89		89
Milk: Bacterial Exam.	37	254	24	273		588
Milk: Chemical Exam.	37	111	24	545		717
Miscellaneous	57	16	2	41	6	122
	5612	2525	484	2129	166	10916

Specimen Containers Distributed.... 8131

BIOLOGICAL PRODUCTS DISTRIBUTED DURING JANUARY, 1927.

Diphtheria Antitoxin	10,000 units	254 Packages
	5,000 units	96 Packages
Toxin Antitoxin		17,848 C. C.
Schicks		9,150 Tests
Tetanus Antitoxin	20,000 units	59 Packages
	10,000 units	65 Packages
	1,500 units	1,059 Packages
Typhoid Vaccine	PLAIN	16 Treatments
	TRIPLE	4,196 Treatments
Vaccine Virus		19,562 Capillaries
Antimeningococcus Serum		9 Cylinders
Antirabic Virus		51 Treatments
Carbon Tetrachloride		1,946 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE STATE LABORATORY, JACKSONVILLE, FLORIDA

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

FIELD NOTES

Last fall the writer made a 900 mile trip from Jacksonville to Valparaiso and return in the interest of developing public health activities among the Women's Clubs of that section of Florida. Mrs. Ethel T. Porter, Stuart, Florida, State Chairman of Public Health accompanied the writer and made a public health talk at each meeting. At Apalachicola the President of the State Federation of Women's Clubs—Mrs. Katherine B. Tippetts, of St. Petersburg, Mrs. W. L. Stanley of Daytona Beach, Vice-President at large and Mrs. W. A. Sessions of Bonifay, Chairman of music, joined the party. Moving pictures of mosquito and malaria control were shown at each meeting. The State Chairman of Public Health has decided to stress mosquito control for her term of office and to lend her aid and that of the Federation of Women's Clubs toward the general educational program along mosquito control work carried on by this Bureau.

All aboard for Hollywood, Florida, April 14th, 15th. The crowd will gather at the Great Southern Hotel for the evening program. The opening session will be at a dinner to be served in the hotel at seven P. M., and from then on the program which is now being arranged will be carried out. The plan is to have an evening meeting on the 14th and an all day session on the 15th, adjourning in time for all who desire to catch the F. E. C. and S. A. L. trains north. President George W. Simons, Jr., wishes to extend this greeting to all his friends—Come to Hollywood for the annual meeting of the Florida Anti-Mosquito Association. This meeting will be an "experience" meeting and valuable ideas will be yours for the asking. Mark your calendar now and arrange to be there. If you are interested in mosquitoes plan now to be present—there are no dues to the association and your presence is requested. We expect over 75 people to be present. The old standbys will be there—come and meet them.

ATTENTION WATERWORKS MEN: The time has been set and the gang will gather at Hollywood—April 12th and 13th, so make no other arrangements for this time. The Florida Section of the American Water Works Association will gather in earnest conclave for two days beginning at ten in the morning of the 12th. The program will be snappy, worthwhile and to the point. Your Secretary is asking that the papers and discussions be brief and to the point, leaving the oratory for the dinner and evening session of the 12th. "Old Griff" of Macon, Georgia, will yield the gavel at this meeting, so tell your commissioner now—you are going—or better still arrange to bring him along. Sixty men gathered at Tampa—at least 100 should be at Hollywood. Included in the program is an inspection trip to the new West Palm Beach filtration plant—a privately owned and operated plant. Here is an opportunity for the municipally owned plants to get a line on how a privately operated plant watches the pennies. More data coming later.

Activity continues in water and sewerage work in Florida despite the "quietness in Florida" as our Northern friends explain. Cedar Key has sold

BUREAU OF ENGINEERING—(Continued)

its bonds for the $60,000 waterworks, $45,000 sewerage system as designed by George Main of Daytona Beach. Wildwood is going ahead with its water works and sewerage system. Tallahassee voted $50,000 for storm drainage, $40,000 for sewerage extensions, $79,000 for water works and $50,000 for an incinerator. Hazen and Whipple, Consulting Engineers of New York are finishing up a water supply survey of Jacksonville. Malcolm Pirnie has been directing the work. George W. Fuller and Allen Hazen, Consulting Engineers of New York City have been also engaged in the work. Fort Lauderdale is going ahead despite the hurricane and building a new water supply treatment plant and activated sludge sewage treatment plant. Homestead has ironed out its bond troubles and work will start on the water and sewerage districts planned a year ago. West Palm Beach's new filtration plant is in service assuring plenty of soft water for that locality. St. Petersburg has received the report of Nicholas Hill, consulting engineer, on a new water supply but has not taken any definite steps as yet to act on it. They are pushing work on their new sewerage system and disposal plant which is a fine screening—chlorination—dilution project. Lakeland started its new sewage treatment plant just a few weeks ago, it is a separate sludge digestion plant—Dorr equipped throughout. Fort Myers is also working on its separate sludge digestion plant with chlorination and dilution as final disposal. Activity continues in Florida.

The survey of all the incorporated towns and cities in Florida continues. The personnel of this Bureau is making the survey and a complete special report will be made on it. Every incorporated place has been covered and a lot of interesting data has been accumulated. It will give a birds-eye picture of the sanitary conditions of the cities in Florida. It is planned to make this survey yearly as an inventory of what has been done during the past year. All towns will have been completed by March 1st.

—F. H. N.—

BUREAU OF CRIPPLED CHILDREN

F. L. Fort, M. D., Director

ANTERIOR POLIOMYELITIS OR INFANTILE PARALYSIS*

Of all the deformities, both congenital and acquired, which the orthopedic surgeon is called upon to treat, the great majority of them result from the ravages of infantile paralysis. Over half of the cases I have seen in Florida are old poliomyelitis cases. We have new cases occurring every year and last year were probably two hundred new ones added to the list. The disease is endemic here in Florida; although it appears in epidemic proportions at times. It seems proper that we should discuss this

*Reprinted from the Journal of the Florida Medical Association for December, 1926.

BUREAU OF CRIPPLED CHILDREN—(Continued)

disease now, because I am persuaded that the majority of the deformities we are called upon to treat could have been prevented with proper care, and that many cases of extensive paralysis would be much less severe if the general practitioner had advised them more wisely. For it will always be the family physician's duty and privilege to guide these patients through the critical convalescent stage.

It is an acute infectious disease that involves principally the nervous system, and especially the spinal cord. It is caused by an ultra-microscopic germ or virus, which apparently gains entrance through the upper respiratory tracts. It spreads along the lines of human travel during an epidemic. Transmission of the disease is by direct contact, and also by intermediate carriers, who are not susceptible to the disease. One attack confers immunity, while with increasing age there is an increasing acquired immunity. It is principally a disease of childhood; seventy-five per cent of all cases occurring before the seventh year. It is seldom that more than one member of a household is affected in the same year. Monkeys are susceptible to the disease, and it can be transmitted from one to another through the injection (intraspinal) of spinal fluid or salivary secretions during the acute stage. Recent cases are contagious as long as the nasopharyngitis persist; and should therefore be quarantined from two to three weeks, or until nasal discharges cease. All "contacts" should be isolated from other children. The incubation period is four to fourteen days.



CASE NO. 1—Left leg flail and useless. Walks without crutrhes and very little limp after one foot operation and the use of a leg brace for weak knee.

The pathology is that of an acute interstitial meningitis, especially on the anterior surface of the spinal cord. The cord shows hyperemia and round cell infiltration, or perivascular infiltration. There is an ex-

BUREAU OF CRIPPLED CHILDREN—(Continued)

tensive edema and many minute hemorrhages, particularly in the anterior or motor area of the cord. The damage to the cord results from three causes: first, direct pressure on the nerve cells by hemorrhage, edema and exudate; second, anemia, due to pressure on blood vessels; third, to direct toxic action on the nerve cells. The involved nerve cells may be out of commission temporarily only, but if the anemia and edema persist too long, there is permanent death of the motor nerve cells involved, and the paralysis is permanent.

Symptoms.

We can divide these into three stages. It is necessary to consider the symptoms more in detail in order to discuss the treatment properly.

The state of onset is generally characterized by a high fever of 103°-104°, which subsides gradually in from three to five days. Gastro-intestinal upsets are very frequently the outstanding symptom, with nausea vomiting or diarrhoea. There is sweating, nervous irritability, and sometimes convulsions. Stiffness of the neck muscles is frequently encountered. Hyperesthesia of the nerve trunks and muscles involved is a rather constant finding in the acute stage. Some few cases, however, have none of these premonitory symptoms; and the paralysis is the first thing observed.

The second or convalescent stage lasts for about two years. The edema of the cord or meninges gradually subsides; the hemorrhages are slowly absorbed, and the small cell infiltration diminishes, until the motor area of the brain can send impulses out to the affected muscles. This clearing-up process, together with the formation of new association tracts, lasts for about two years; although the most rapid improvement is seen in the first six months after onset.

The third or chronic stage succeeding the convalescent stage begins about two years after onset and remains practically unchanged. The destroyed areas of the cord show only glioses. No further spontaneous improvement occurs, except from treatment. Tendon contractures and deformities from muscle unbalance gradually develop. The paralyzed limb is atrophied and feels cold and clammy and looks bluish, due to poor circulation. The muscles are soft and flabby. There is no loss of sensation. The poor circulation is due to vaso-motor disturbance, as well as to loss of muscle functioning. The degree of retardation of growth depends upon the extent of the paralysis, and upon the age of onset. The leg paralyzed at one year of age is much worse atrophied than the ten-year-old child's would be. The degree of deformity or crippling is determined largely by the muscular unbalance, as well as by the extent and location of the paralysis. An active muscle with its physiological opponent paralyzed, is more of a deforming factor than if both were gone.

The third or chronic stage is the proper time for restoring muscle balance, so far as possible, by transplanting muscles, stiffening or bracing flail joints and lengthening shortened tendons, or other corrective and educational treatment.

BUREAU OF CRIPPLED CHILDREN—(Continued)

Diagnosis.

At the stage of onset there is little that is characteristic from any other acute infection. During the summer months, any obscure fever or infection in a child should make one suspicious; especially if there is an epidemic of anterior poliomyelitis. If the patient is nervous, irritable, hyperesthetic, or has a stiff neck, a lumbar puncture should be done. This is the only way of diagnosing any case before the paralysis occurs. Slight paralysis or abortive cases then will not be overlooked and isolation can be instituted at once.



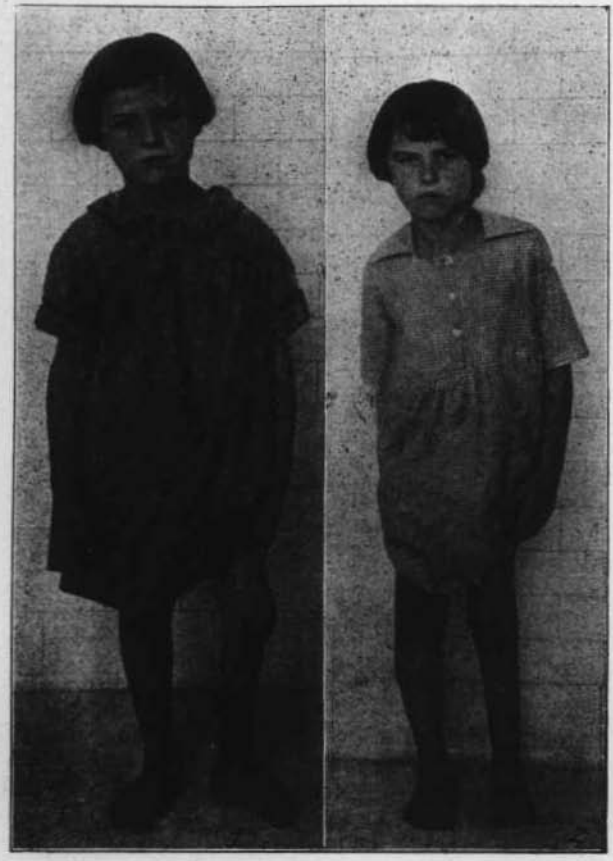
CASE NO. 2.—Talipes equinus—right foot. Before and after.

The spinal fluid in acute poliomyelitis is clear, colorless, and under slightly increased pressure. There is an increase of cell count sometimes up to 1200 per c.c., which is of the small mononuclear leukocytes. This increased cell count persists for about one month. There is also a marked increase of globulin in early infantile cases. Besides the spinal puncture, tenderness is one of the most constant and characteristic signs of poliomyelitis. Hyperesthesia is seldom absent, especially in the muscles paralyzed. After the paralysis appears it is recognized as being a *pure* motor flaccid paralysis of erratic distribution. Weakening or partial paralysis is more common than total paralysis. The reflexes are abolished or weakened; the reaction of degeneration is present after about one week; while the muscles soon become atrophied.

Nerve lesions, resulting in paralysis from *other* diseases like transverse myelitis, hematomyelia, or peripheral nerve lesions are usually accompanied

BUREAU OF CRIPPLED CHILDREN—(Continued)

by sensory disturbances. Multiple neuritis generally is gradual in onset and a sequel of some bacterial or metallic poisoning. Lead and arsenic palsy usually affects the extensors of the wrist and is symmetrical. The history of infectious diseases, like diphtheria, should give us a fair idea of the nature of such paralysis. The history and distribution of obstetrical paralysis should give us little trouble in making a diagnosis. Occasionally we see a pseudo-paralysis occurring in constitutional diseases like rickets. A pin prick in the supposedly paralyzed limb will generally eliminate poliomyelitis from consideration. Spastic paralysis of cerebral origin, regardless of the etiology, probably is not epidemic poliomyelitis. Occasionally there is seen a cerebral type of poliomyelitis which may affect the cerebral meninges or the motor area of the cortex of the brain. This usually results in a hemiplegia, with a variable amount of spastic paralysis and cerebral inco-ordination. It is not within the province of this discussion to take up the several types of cerebral poliomyelitis now recognized. The high points to remember in making a diagnosis are few but definite. Infantile paralysis is a *pure* motor flaccid paralysis of irregular distribution; usually affecting a child in the summer months.



CASE NO. 3.—Club foot of severe degree on left and right flat foot. Corrected by one operation on right and two operations on left.

The Prognosis

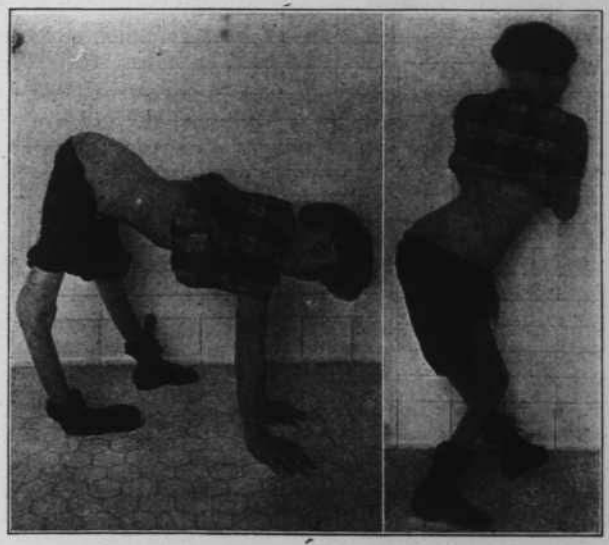
As to life, statistics give not over twelve per cent as an average mortality. If all cases were recognized, it would probably be even less. The prognosis as to function depends upon the location and extent of the original paralysis, and age of onset as well as

BUREAU OF CRIPPLED CHILDREN—(Continued)

upon the subsequent treatment. All cases have some spontaneous improvement with no treatment at all. With proper treatment the percentage of improvement is greatly increased, while many of the later disabling deformities can be prevented, or if allowed to occur, can be corrected in most cases. Twenty-five per cent of all cases recover entirely.

Before taking up the treatment it seems proper to consider the distribution of the paralysis and the types of deformity resulting from the paralysis. The lower extremities are far more frequently paralyzed than the upper. Of 2418 cases reported by several authorities 1765 had permanent paralysis in the lower extremities only, as compared with 195 cases in which the arms alone were involved. The deltoid muscle is more often permanently paralyzed than any other one arm or forearm muscle. The extensor muscles are more often involved than the flexor groups, in both extremities. In the thigh the quadriceps is most often paralyzed. The lower leg is the most frequent site of permanent paralysis and here again the anterior or extensor group of muscles are affected much oftener than the posterior or flexor group of muscles.

The deformities resulting from anterior poliomyelitis are caused by: 1. Force of gravity. 2. Unopposed muscle action or unbalanced muscle power, and, 3. by Functional disuse in abnormal postures or positions. Talipes equinus is found most often of all deformities. Talipes valgus, or flat foot, is the next most common deformity. Both are due to partial or complete paralysis of one or more of the anterior or extensor muscles of the foot. Talipes calcaneus is not as often seen as is club foot. Occasionally we see knee flexion deformities, due to contracted hamstrings, but most often the knee has no extension power, from paralysis of the quadriceps. Flexion deformity of the hip is a very common occurrence. Lateral curvature of the spine is a frequent and very troublesome deformity, which tends to increase with age, due to gravity and unbalanced muscle pull on the flexible vertebral column. The upper extremities seldom present correctible deformities. The loss of abduction power with a weak shoulder girdle, especially the deltoid,



CASE NO. 4.—Extensive paralysis of both legs and trunk muscles with multiple deformities. Quadruped type of locomotion.

BUREAU OF CRIPPLED CHILDREN—(Continued)

is undoubtedly aggravated by gravity, pulling constantly on weakened muscles. The elbow never presents any deformity other than weakness. Wrist drop is seldom encountered, but loss of ability to oppose thumb and fingers is not a rare disability.

Facial paralysis is very rare and always recovers. Involvement of the external respiratory muscles is a serious occurrence, and is the usual cause of death in the acute stages.

Treatment.

In the acute stage this concerns the medical man or practitioner more than the orthopedist. Treatment is largely symptomatic in the febrile stage. It should consist largely of rest, and avoidance of irritation. Saline catharsis seems rational to reduce the edema of the cord. Lumbar puncture also relieves the increased intraspinal pressure as well as confirms the diagnosis. Hexamethlyamine is the only drug indicated, which theoretically retards or inhibits spinal infection. Serum from patients who have had the diseases, if given *early,* appears to arrest or abort some cases. Brilliant results have been reported during the past year from this form of therapy. A serum is now on the market, but its value is not conclusively proven yet.

Fixation of the paralyzed and tender muscles in well padded plaster cast is desirable in the acute stage. When the trunk or neck is involved recumbancy on a Bradford frame is the best method. Warm saline baths and local heat to maintain circulation improve the nutrition of the affected parts. Massages and exercises of all kinds should be strictly forbidden until all muscle tenderness has disappeared. The tenderness will be unduly prolonged or will return if massage and active use is begun too early. Massages only irritate an already inflamed or hypersensitive nerve ending, coming from an inflamed area in the spinal cord. It is just as illogical or antiphysiological to use the tender or inflamed muscles as it is to use or irritate an acutely inflamed joint.

I do not expect all of you to agree with me, but I feel quite positively that there is no benefit at all to be derived from the use of electricity in any form, in the treatment of infantile paralysis. On the contrary it is definitely harmful in most cases. This is quite the opposite opinion with the general public, and also of most of the profession. Electricity is not tolerated well by children, and their co-operation is immediately lost. Exercises should be voluntary or with brain and muscle coordinating. The sudden violent contractions caused by electrical stimuli may actually rupture a damaged muscle, or at least drive it to work beyond its capacity. Because one muscle is dead, another one-tenth normal in power, while a third muscle, all of the same group, may not be affected at all. The current cannot be regulated to the individual muscles and one is greatly over-stimulated while the one next to it has not enough stimulus to exercise it. The use of electricity as a therapeutic agent has been entirely abandoned in the larger clinics, especially in the acute and sub-acute stages. The most important part of the treatment, for the early stages at least, is the prevention of deformity, which otherwise inevitably results. If the trunk is involved, recumbency should be enforced, until recovery or until properly braced.

BUREAU OF CRIPPLED CHILDREN—(Continued)

If there is wrist drop, cock-up splints should be applied. Deltoid paralysis is best treated by a platform or abduction arm splint. The legs and feet should be supported in the neutral position; namely, thighs, extended, knees straight and foot at right angle to the leg. The leg can be adequately protected from over-use and from developing deformities by keeping it fastened in a posterior wire splint with foot piece attached to prevent drop foot. Bracing should be continued as long as there is any tendency towards developing deformity.

Massages, very light at first, can be instituted as soon as all tenderness disappears. Active and passive motion should be done daily up to the point of fatigue. The pernicious practice of trying to make a child walk when the leg muscles are one-half to one-tenth their normal strength, cannot be too strongly condemned. This is a point most of us must unlearn. We are taught that to exercise a muscle is to make it bigger and stronger. This is true to a degree. But to work a sick muscle beyond its capacity or to the point of exhaustion, weakens it still more or may actually kill it permanently. No walking should be permitted until the muscles are practically back to normal, or are properly protected by braces. After walking is resumed there is almost no further return to power of paralyzed muscles. While often weakened muscles become permanently disabled from overwork or stretching, when used too soon or improperly braced, there need be no fear of stiff joints resulting from prolonged use, for it doesn't occur in infantile paralysis. The best thing to do in most cases is the hardest to do, and that is to do nothing in the way of walking or standing for six months to one year.



CASE NO. 4.—After stabilizing right foot and double hip operation to correct thigh flexion. Walks very well with crutches, corset and double leg braces.

Treatment

The subacute stage is largely orthopedic. No definite outline of treatment can be formulated on paper for the subacute cases. The more severe the disease the longer should be the convalescent period. Walking is to be allowed only when there is no marked muscle weakness, or only when well braced. This is particularly true of the first year after onset. Weak muscles can be permanently paralyzed if used too long or too vigorously. Deformities are much easier prevented than they are corrected. Exercises of weak muscles should be given daily to the point of fatigue—but should not be used to the stage of exhaustion. There should be no cutting operations for correction of deformity during the first year and very few during the second year. Wait till all hope of further recovery of paralyzed muscles

BUREAU OF CRIPPLED CHILDREN—(Continued)

returning to life has vanished. There is one point I hope to impress on you, and that is, that to overwork a weak muscle will only make it weaker instead of stronger.

The indications for treatment in the third or chronic stage are two: 1. Correction of acquired deformities and prevention of further deformities. 2. Balancing of muscle power and increasing the efficiency of what power remains. Contracted tendons, joint capsules, fascia, etc., can be gradually corrected by stretching in most cases, for from one to two years after onset. Later, as the contracture becomes more fixed and less elastic, tenotomies, tenton lengthenings, fasciotomies, and stripping operations are resorted to. Deformities from joint subluxations, or dislocations require orthopedic operations many times. Where operative stabilization is not possible, braces must be used to stabilize joints and prevent deformities. In some cases we use the bone skeleton for braces, and arthrodese joints that can be sacrificed. Arthrodesing operations are most feasible in the foot, where the majority of our deformities occur. Occasionally we find it advantageous to stiffen *one* knee or hip, shoulder, elbow or wrist, when they are flail and not easily braced. Recently spinal fusion has come in to rather general use as a means of bracing a curved spine, which we cannot hold otherwise. There is practically no deformity of the foot which cannot be largely corrected, and maintained, to look like a normal foot in a shoe; even though there is not a flicker of muscle power below the knee. Tendon transplantation of live or active muscles to take the place of paralyzed muscles has not proven to be as useful a procedure as it first promised. Making a flexor muscle out of an extensor muscle, or vice versa, is anti-physiological, and it is hard to educate such a transformed muscle to function properly. Besides there is generally a loss of power in such transplantations. For a drop foot deformity we can sometimes use the long toe extensor tendons as stay ligaments by fixing them into the bone just above the ankle, or we may stiffen the mid-tarsal joint with benefit. A transplanted peroneal tendon to take the place of a paralyzed anterior tibial muscle, with flat foot works beautifully sometimes. Valgus deformity, due to overacting peroneal muscles, is helped by removing the peroneals to a neutral position. In case of a calcaneus deformity, the peroneals or the posterior tibial muscle may be transplanted into the heel with much improvement.

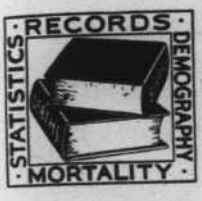
For paralysis of the quadriceps muscle with a weak knee, we sometimes transplant one medial and the lateral hamstring into the patella. Transplantations of muscles about the hips and shoulders has not been of any material benefit. In the forearm and hand there are many combinations of transplants which can be worked out to advantage. Wrist drop can be overcome, and opposition of the thumb and fingers greatly benefited, in many cases. Results of tendon transplants in the hand are far more successful than anywhere else, although it is seldom that we see cases involving the hand to any great extent. This is because the hand muscles are not overloaded or abused like those in the lower extremities, by walking too soon.

Braces are used to stabilize weak or flail joints, and to prevent deformity which cannot be corrected or prevented otherwise. Braces should not be used in the chronic stage whenever it is possible to avoid them.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

REGISTRATION



Soon after this issue of Health Notes has been mailed the books of the Bureau of Vital Statistics will be closed and the annual tabulations started for the calendar year 1926. Every effort has been put forth to get in all of the original birth and death certificates for births and deaths that occurred in Florida during the past year.

The records are in demand daily for legal purposes. During the month of November a letter was received from a councilor at law in New York City requesting a birth certificate for a birth that occurred in Florida during the year 1911. The case was pending in the courts of New York State, and the attorney advised this Bureau that the court had adjourned the hearing until November 18th to give sufficient time to procure from us a certified copy of the correct certificate.

A scholarship was won by a young man last year who was born in Florida. It was necessary, however, for this young man to file a birth certificate showing that he was born in Florida and also to prove that he was not beyond the age limit of those who were to receive the scholarship.

Another very interesting case was discovered when issuing certified copies of two birth certificates on file in the Bureau. A prominent jewelry company had promised diamond rings to all babies born on a certain date in the month of October. Two babies in the city in question qualified and received their diamond rings.

Quite a number of certified copies of death certificates were issued to friends and relatives following the storm last September.

The work in connection with a Vital Statistics Bureau is very fascinating and interesting. We could recite case after case similar to the ones above, some, of course, more interesting than others—covering inheritance cases from a million dollars down, as well as numerous other instances where identification was proven through original birth and death records.

There is another side to Vital Statistics. Turning from the individual record to the tabulations we find a means of measuring health work and activities. The work of the State Board of Health may be followed through the health indexes recorded in the Bureau. Records of cities and counties are tabulated in such a way that health workers and those interested may secure information relative to conditions before and after any particular activity has taken place.

As stated on several previous occasions, Florida has been accepted into the United States Registration Area for Births and Deaths. There is, however, a missing link in this Bureau, namely, centralization of marriage records. Official information should be recorded with the State of each marriage that occurs in the State of Florida. We are looking forward to the time when provision will be made for this important part of the State's records.

A PAGE for the CHILDREN

MOTHER GOOSE HEALTH RHYMES



There was an old woman who lived in a shoe
She had several children and knew what to do
She tucked them in bed with loving good care,-
And opened the windows to let in fresh air!





LIBRARIAN HYGIENIC,
LABORATORY,
25TH & EAST STREET,
WASHINGTON, D.C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

VOL. 19 APRIL, 1927 No. 4

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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WM. D. NOBLES, M.D. . . . . Pensacola



DR. JOSEPH YATES PORTER

1847—1927

As this copy of the Health Notes goes to press, we learn with deep regret of the passing of Doctor Porter who founded the State Board of Health and who served as Executive Officer from the inception in 1889 until 1917.

No word of ours is needed to tell of the great work he accomplished as that is history and will live forever, and in the future he will be remembered as the man who blazed the trail to make Florida a safe State in which to live.

These pages are dedicated to his memory.

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

CHILD HEALTH DAY

To those of us who have children the observance of May 1st, as a day set aside as a health day for children has a special significance. The health of our own children depends not only on the care that we can give them but also on the health of the children with whom they come in contact, hence we must have the broad view of the subject in order to protect our children.

If we could not only realize that there are certain of the so called childrens diseases that we as parents can protect our children from but if we would each do our part to convince others of their responsibility we would make a tremendous advance.

We know that for more than a century and a quarter there has been a sure means of preventing smallpox and surely we are not proud of the fact that the United States stands very near the top of the list of civilized countries in the number of cases of this disease.

We know that our children no longer need have diphtheria as prevention is available to all and at very little expense. These two diseases are taken to illustrate means by which we can promote child health i. e. active immunization.

The time has come when we can say with authority to all parents that they alone are responsible if their children develop either smallpox or diphtheria as the means of prevention are well known and health authorities have tried for years to get the word before the people and no one who either reads or listens can plead that he has not been informed.

If we can only plan a campaign to be adhered to until we impress the parents with the importance of helping all the children—for of course our own children are protected—will it not be a splendid way in which to celebrate the day and what a contribution to the good name of our State!

We do not desire to limit your interest in this subject to one day only but remembering that the child of today is the citizen of tomorrow let us determine that we will strive to make all the children of the State enjoy freedom from disease remembering that healthy citizens are the greatest asset of the State.

— F. H. N. —

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

A preview of May Day

"THE FIRST OF MAY IS EVERY CHILD'S DAY"

Again the months have rolled around and a look at the calendar reminds us that what should be the Red Letter Day of the year is almost here and we must needs bestir ourselves if we would have our state take its rightful place in this important work of positive

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

health for children. The slogan "The first of May is Every Child's Day" should only be looked upon as a forerunner of the slogan "EVERY DAY IS EVERY CHILD'S DAY" which should be actually lived and worked for. With this as our goal, every effort will be made to increase the interest of all groups who are working with children, and all other groups who up to the present time have been rather apathetic about this particular phase of work.



Reproduced by courtesy of the American Child Health Association

This year we will place special emphasis on the preparation of the preschool child for school. In this connection we must remember, and all workers must stress to their communities, this fact, that if we are ever to stem the tide of preschool children beginning their school lives with innumerable defects and preventable diseases, we must begin long before the school age is reached. The standard of health for a child is very aptly covered by:

"CHILD'S BILL OF RIGHTS"

By

Herbert Hoover

"There should be no child in America that has not been born under proper conditions; that does not live in hygienic surroundings; that ever suffers from under nutrition; that does not have prompt and efficient medical attention and inspection; and that does not receive primary instruction in the elements of hygiene and good health."

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

We have learned that if we would bring to perfection the flowers, fruits and vegetables, we must have good seed planted in the proper soil, and cared for intelligently and continuously. Thus we reap our remunerative harvest.

We have also learned that if we would have for America a citizenship of upstanding, vigorous, mentally alert men and women we must begin at the beginning and by intelligent instruction and care, work to accomplish the desired result.

Of the 1,500,000 of our population who die each year in the United States, it has been estimated that 42% die from preventable causes. Forty thousand school children die each year from causes which are preventable. Diphtheria, which is preventable, takes the largest toll of deaths among children of any of the five common communicable diseases.

We can, by the use of means within our reach, give protection against diphtheria, smallpox and typhoid, but these should only be incidental routine in the child's life. It is the day by day intelligent care that makes for positive health. Fresh air today will not make up for a lack of it tomorrow. A proper diet this week will not balance improper foods for next week.

Health habits should be taught the child from the day of its birth, when it should be fed not every time it cries, but at the proper intervals. If through the first few years of life the child is kept clean, comfortably clothed, properly fed and continuously taught healthful, normal living, when the school age is reached these habits have for the most part become fixed and will be continued without much thought on the child's part.

If, on the other hand, the early formative years are neglected we have set ourselves a superhuman task, because the child's mind is constantly receiving impressions and if these are unfavorable they must needs be unlearned before we can begin to teach the right lessons. "You cannot put more water into a full pitcher."

Last year we had a fairly good response to our appeal to the people of the state to make May Day an outstanding feature of the year's work for children. In a great number of communities committees were formed that have continued to function throughout the year. This year we have set for ourselves the objective of a celebration of May Day and some one piece of health work to be undertaken in connection with May Day, for every community from Pensacola to Key West. This will mean the combined efforts of all interested people, and all others whose interest we can arouse. Surely there is no more worthy cause. The center of civilization is the home and the heart of the home should be healthy happy childhood, and with this end in view for every Florida home we are giving you the opportunity of assisting us toward this end. Plans and programs will

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

be gotten out at the earliest possible moment for distribution, so that work may be begun in good season. Address all inquiries to: Director, Bureau of Child Hygiene and Public Health Nursing, State Board of Health, Jacksonville, Florida.



Sing a song of May Day,
With flowers of brightest hue,
With boys so bright and girls so gay,
All bubbling over with life and play.
For every day from sun to sun,
They keep the health rules every one,
And so they dance and sing and play,
On every child's day! May Day!

Reproduced by courtesy of the American Child Health Association

— F. H. N. —

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

The Bureau of Engineering has recently completed, through its field force, a sanitary survey of every incorporated city or town in the State of Florida. Condition of the towns is of January-February 1927. This report has been printed in booklet form and contains data of interest to the communities of the State, and copies will be supplied them.

This survey was made especially for two reasons. The first reason was to cause the field force of the Bureau—the District Sanitary Officers—to become thoroughly acquainted with the incorporated places, their officials and their individual problems within their district. This has been very largely accomplished and a birdseye view of what our sanitary problems are, is now before us. We can now concentrate our efforts on specific problems in specific towns. One of our oldest district sanitary officers in point of service—found within his district an incorporated town that he had never been to.

BUREAU OF ENGINEERING—(Continued)

We can now point out to any one the general sanitary condition of a town. The outstanding accomplishments of a town in the way of sanitary improvements during 1926 have often been listed and often the notation on the survey form appears—"this town has no open privies—all pit privies of approved type in use due to privy campaign we put over last year. New water and sewer systems."

The second object of the survey was to acquaint the local authorities, the City Council, the Commissioners, the local Woman's Club and interested individuals, with the general sanitary condition of their town. This also is being accomplished and city officials now know where to turn for assistance on sanitary problems. Interested clubs and individuals call on us for assistance and more and more good will come of the survey after it is published. It is hoped that local pride will be stimulated into action and many sanitary improvements made during the coming year.

It is proposed to make this "inventory" of sanitary conditions each year during January and February with special emphasis each year on some phase of sanitation. This year the subject "MOSQUITO CONTROL" was singled out and every town asked about mosquito control, whether the mosquito was a special problem or not. Many of the towns reporting no mosquito control work are not seriously bothered by the insects. Ofttimes the expression is heard, "we have no mosquitoes here," but this is not very often the case in Florida. Mosquitoes—both the pestiferous and disease transmitting mosquito —constitute a ball and chain slowing up Florida's forward march. Florida can be the year-round playground of America if she will control her mosquito crop. It can be done but every city must help.

Errors may be present in the survey. Our field men gathered the data from sundry sources both official and unofficial. Official records are very slack and in some cases there are no records at all. Time does not permit a house to house check. This will be done upon request of the city officials provided there is some indication on the part of the officials that action will result upon the presentation of the detailed report and recommendations. We will be glad to receive corrections, if any.

— F. H. N. —

BUREAU OF COMMUNICABLE DISEASES

F. A. BRINK, M. D., Director

DOCTOR MURDERED

A recent newspaper account of the murder of a physician in a New York tenement, by the father of a child who had just died of diphtheria, is proof that the facts about the cure and control of the

BUREAU OF COMMUNICABLE DISEASES—(Continued)

disease are not, as yet, clearly understood by everyone. It appears that the child had been quite ill for several days before a doctor was called and the nature of the illness recognized. Antitoxin was given but too late, and the father, in a frenzy of grief, probably committed the rash act believing that because the injection was followed by death it was the cause of death. Had the doctor been called and the treatment given immediately on the appearance of the sore throat, or had the child been immunized with toxin-antitoxin previous to the attack, two useful lives might have been spared.

There are certain influences, impelled by selfishness and fostered by ignorance, that tend to discredit many of the recognized methods of saving human life. Paralysis of the throat, heart and other muscles resulting from an attack of diphtheria was well recognized long before antitoxin was known and yet, antitoxin is sometimes blamed for such a paralysis, even when it has undoubtedly prevented it from being more severe or even fatal. So long as people continue to be guided by the advice of ignorant and superstitious neighbors rather than that of trained scientists, just so long will tragedy and remorse result from the neglect of sick children.

— F. H. N. —

SCHICK OR SHEIK

Dr. B. C. Wilson gave out to the pupils of a certain school, blanks upon which the parents might request for their children the Schick test and toxin-antitoxin immunization from diphtheria if found necessary. One good mother responded by sending in the following, clipped from some newspaper.

"SHE KNOWS ABOUT IT

Harrison, N. J., Feb. 15—The Board of Health of Harrison, recently sent letters to parents asking if they were willing for their children to undergo the Schick test. One disturbed mother, whose name was not revealed, replied today:

"I refuse positively to permit either of my boys to take the Schick test. I have read the book and seen the play, and want you to know I don't approve of them."

Whether this was meant as a joke, we do not know but the child was not tested. It would not seem at all funny to that mother or to anyone if the child should contract diphtheria. A number of mothers have neglected this simple and harmless means of protecting their children and lived to regret it. One child is personally known to have paid with its life for just such parental indifference.

It seems that everyone should know about the Schick test by now, but many do not and that is the reason for saying again the Schick test is made to find out whether a child is susceptible to diphtheria, and toxin-antitoxin is given to produce a lasting immunity.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF FEBRUARY, 1927

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1539	762	147	91	26	2565
Diphtheria	809	406	15	586	32	1848
Typhoid	430	112	21	20	18	601
Malaria	394	115	21	31	32	593
Rabies	24	14		1		39
Tuberculosis	183	64	15	48	11	321
Gonorrhoea	379	215	24	123	10	751
Syphilis	2467	880		530		3877
Water: Bacterial Exam.		67		84		151
Water: Chemical Exam.				97		97
Milk: Bacterial Exam.	15	242		238	7	502
Milk: Chemical Exam.	18	215	2	480	3	718
Miscellaneous	82	5	2	36	8	133
	6340	3097	247	2365	147	12196

SPECIMEN CONTAINERS DISTRIBUTED 8259

BIOLOGICAL PRODUCTS DISTRIBUTED DURING FEBRUARY 1927

Diphtheria Antitoxin	10,000 units	226 Packages
	5,000 units	113 Packages
Toxin Antitoxin		6,649 C. C.
Schicks		6,150 Tests
Tetanus Antitoxin	20,000 units	32 Packages
	10,000 units	42 Packages
	1,500 units	808 Packages
Typhoid Vaccine	Plain	24 Treatments
	Triple	3,667 Treatments
Vaccine Virus		19,990 Points
Antimeningococcus Serum		7 Cylinders
Antirabic Virus		56 Treatments

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE STATE LABORATORY—JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

HOW TO KEEP CHILDREN FROM SUCKING THUMBS

In spite of the many theories about it, thumb-sucking in the infant is apparently quite natural and occurs for the first time by accident in the course of the infant's explorations with himself, states Dr. Frank Howard Richardson in the March Hygeia. For this habit, prevention is far more important than cure.

The best method of breaking the habit in a small child or a baby is to use elbow cuffs or splints. These are made of cardboard rolled to form cylinders and held in this shape by paper clips. They are slipped on and held in place by turning the shirt sleeves back over the edges like cuffs. Since the child cannot bend his elbows with these cuffs on, he cannot get his thumb into his mouth. They allow every other variety of arm motion, however.

The older child is best handled by a chummy little talk with the person who is on most confidential terms with him. This must not be a formal affair; but in the course of a picnic or walk the subject can be casually brought up for discussion. The child needs sympathy, patience and kindness, and harsh measures will be unavailing, for such a child is really suffering, says Dr. Richardson.

— F. H. N. —

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
6—01	Miss Winifred V. Talbott	Ft. Lauderdale, Fla.
7—127	J. W. Burdeshaw	Frink, Fla.
11—06	W. D. Lockleer	Ojus, Fla.
13—03	C. U. Smith	Jacksonville Beach, Fla.
18—077	W. J. Bryant	Richloam, Fla.
24—02	Mrs. Nettie Lewis	Eustis, Fla.
24—027	R. M. McTureous	Altoona, Fla.
24—117	Perry F. Estell	Lady Lake, Fla.
31—03	R. A. Swain	Anthony, Fla.
31—237	Mrs. Emmie Nichols	Summerfield, Fla.
36—01	Miss Emma Quirk	Kissimmee, Fla.
37—02	Wallace E. Harbeck	Delray, Fla.
38—03	Charles S. Jensen	Lacoochee, Fla.
38—127	Mrs. G. W. Gifford	Greenfield, Fla.
39—05	E. O. Whittington	Dunedin, Fla.
45—057	Mrs. J. N. Thompson	Oviedo, Fla.
46—03	C. M. Cherry	Center Hill, Fla.
47—087	Mrs. Zoel Hodge	Dowling Park, Fla.
47—117	Howard LeFever	Rt. 1, Dowling Park, Fla.
47—157	M. F. Fletcher	McAlpin, Fla.
48—02	S. T. Henderson	Shady Grove, Fla.
51—107	Mrs. Calley Kelley	Portland, Fla.
57—03	Fletcher H. Doub	LaBelle, Fla.

"THE FIRST OF MAY IS EVERY CHILD'S DAY"



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HEALTH NOTES

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Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

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B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

HON. CHAS. H. MANN . . . . . President, Jacksonville
H. MASON SMITH. M.D. . . . . Tampa
WM. D. NOBLES, M.D. . . . . Pensacola

BUREAU OF DIRECTORS AND FIELD PERSONNEL

BUREAUS AT JACKSONVILLE	DIRECTORS
Diagnostic Laboratories	Pearl Griffith, B. E. Acting
*Vital Statistics	Stewart G. Thompson, D. P. H.
Communicable Diseases	F. A. Brink, M. D.
Engineering	Ellsworth L. Filby, C. E.
Child Hygiene and Public Health Nursing	Laurie Jean Reid, R. N.
Accounting	Screven Dozier
Crippled Children	F. L. Fort, M. D.

*550 Local Registrars (County list furnished on requests).
*Emergency Registration Inspector — Beckie McLean

LABORATORIES

HEADQUARTERS	BACTERIOLOGIST IN CHARGE
Jacksonville	Pearl Griffith, B. E.
Miami	E. R. Powell
Pensacola	Janie B. Currie, B. S.
Tallahassee	Elizabeth Byrd, B. S.
Tampa	H. D. Venters, B. S.

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HEADQUARTERS	NAME
Fort Myers	W. A. Harrison, M. D.
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Lake City	W. S. Nichols, M. D.
Lake Worth	M. T. MacAvelia, M. D.
Marianna	T. H. Johnston, M. D.
Ocala	A. P. Harrison, M. D.
Orlando	C. E. Duffin, M. D.
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Safety Harbor	Chas. W. Pease, M. D.
Tallahassee	L. L. Dozier, M. D.

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HEADQUARTERS	NAME
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West Palm Beach	*Paul B. Marner, B. E.
Jacksonville	Fred Safay
Key West	W. J. Bartlum, D. D. S.
Miami	George Reed
Ocala	C. A. Holloway
Orlando	W. E. Cook
Palatka	E. S. Talbott
Punta Gorda	G. A. Renney
Tallahassee	C. N. Hobbs
Tampa	D. H. Osburn
West Palm Beach	Russell Broughman

*Assistant Engineer

PUBLIC HEALTH NURSES

HEADQUARTERS	NAME
Jacksonville	†Byrtene C. Anderson, R. N.
‡Dade City	Helen A. Davis, R. N.
‡Dade City	Flora B. Williams, R. N.
‡Fort Myers	Beulah Hieber, R. N.
‡Lake City	Clio McLaughlin, R. N.
‡Madison	Eva L. Borden, R. N.
‡Marianna	Laura Niblock, R. N.
‡Melbourne Beach	Mary Corrothers, R. N.
‡New Smyrna	Nancy L. Lawlor, R. N.
‡Ocala	Mary G. Dodd, R. N.
‡Palatka	Elizabeth Smith, R. N.
‡Pensacola	Lula A. Davis, R. N.
‡Sebring	Jule Graves, R. N.

†Supervisors

‡Address all correspondence care State Board of Health, Jacksonville.

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

FLORIDA NEEDS A SANATORIUM

In Health Notes for December, 1925, I discussed this subject and the need is even greater now than it was at that time.

A bill for the establishment of a Sanatorium has been introduced in the Legislature and we trust that it will pass and receive the signature of Governor Martin, thereby becoming a lasting monument to both the Governor and the Legislature.

This bill is sponsored by the State Board of Health and has been endorsed by the State Medical Association, The Florida Fereration of Women's Clubs, The American Legion of the Department of Florida, The Florida Public Health Association, The Florida League of Municipalities and many other organizations.

There is hardly a section of the State from which we have not received letters asking for the address of the State Sanatorium for the care of cases of tuberculosis and many of these letters tell of the urgent need of the particular case named in the letter.

It will be a great day for the State when these cases can be cared for in our own institution and when we will no longer be obliged to reply that no provision has been made in this state for the care of these cases.

Nearly every reader of this article knows of someone who would be benefitted by the establishment of a Sanatorium and the benefits will affect not only the individual cases but the community from which the case is taken and the entire state as well.

The establishment of a Sanatorium will result in the earlier diagnosis of this disease hence the individuals will have a better chance for recovery and a shorter period of illness.

The Sanatorium can take early cases of tuberculosis and return them after a time to their respective homes ready to assume their duties as builders of the State, instead of having them become liabilities.

If we have a place to care for our cases of tuberculosis we can very materially lower the number of deaths from this cause and we can also avoid much of the sickness in the future.

—— F. H. N. ——

DIET IS BIG FACTOR IN CARE OF MENTAL PATIENT

Because mental illness is a disorder of the entire individual and not merely of the mind, the diet should be prescribed with the same care concerning proper balance and vitamin content as in physical illness, declares Dr. L. D. Hubbard in Hygeia for April. Mental defectives, even idiots, do not appear to suffer greatly from dietary errors.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

THE MEDICAL OFFICERS OPPORTUNITIES

There is no better opportunity to render great service to humanity than that which comes to the medical man in public health work. Time was when the duties of the health officer consisted largely in "quarantining and fumigating". These practices are still in vogue in a few places but the terms themselves are not now often seen in health literature, the old practices are being displaced by more effective methods of disease control.

It is appropriate that we honor first those men who, by their untiring effort, and often at the cost of their lives, have discovered the manner in which the infection of certain diseases is scattered. When this has been discovered it is usually not difficult to devise a method of disease control.

In this day and generation we are relatively free from pestilential outbreaks (epidemics) like those that decimated the race in rather recent periods. Smallpox and plague afford good examples of diseases that have taken heavy toll of human life. Yellow fever was brought under control only after the discovery of the role played by the mosquito in its spread. Typhoid, malaria and diphtheria are three virulent diseases, the control of which depends on well known but often inadequately applied measures.

It is the health officer, not the quarantining and fumigating officer but the one well versed in preventive medicine, who by daily attention to duty prevents much sickness and many deaths from communicable diseases. Little do we realize the latent possibilities of an incipient outbreak of communicable disease. Time after time the health official steps in and with relatively little expenditure of time and money, stamps out in its very beginning an epidemic that otherwise would certainly strike low a large portion of a community's population.

So accustomed have we grown to this freedom from pestilence that we are apt to forget the untiring vigilance which protects us and to feel that since health conditions are so good, a health department is not very necessary. During the past seventeen years there has been a marked decrease in the number of "yellow faced" children in Florida and all the southern states. This is due to the discovery of the hookworm, its method of reproduction, the manner in which it gains entrance to the human body and the stupendous campaign of education that has been conducted through the newspapers, health bulletins, moving pictures, slides, lectures and personal interviews. This campaign has been conducted continuously. The people have been taught the great importance of curing hookworm disease and preventing its return. The way to prevent hookworm disease by the sanitary disposal of human wastes has been expounded from one end of this fair state to the other.

BUREAU OF COMMUNICABLE DISEASES—(Continued)

The continuous condition of good health in a state or a nation does not come about by chance, but is attained by constant effort. A busy people is apt to forget the lessons of health, the population is constantly increasing and changing, hence, the need of a continued campaign of education and prevention. Public health is purchasable and a momentary retrenchment is likely to result in a loss of ground that can be regained only after prolonged effort.

The Field Medical Officers of the State Board of Health have ever played an important part in promoting good health among our people without which commercial progress and prosperity is impossible. It is doubtful whether a more capable, conscientious and efficient force of doctors has ever been placed in the field by the State Board of Health than that we now have and it is a pleasure thus publicly to recognize their diligence and unselfish service. A list of our doctors is found on the second cover page of this bulletin and they will take pleasure in rendering aid and advice on preventable diseases. Communications may be sent to them direct or through this office.

—— F. H. N. ——

STATEMENT OF OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912.

Of FLORIDA HEALTH NOTES published monthly at Jacksonville, Florida for April 1, 1927.

State of Florida

County of Duval ss.

Before me, a Notary Public in and for the State and County aforesaid, personally appeared B. L. Arms, State Health Officer, who, having been duly sworn according to law, deposes and says that he is the Publisher of the FLORIDA HEALTH NOTES and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse of this form, to-wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Name of Publisher FLORIDA STATE BOARD OF HEALTH, by B. L. ARMS, Post Office Address, P. O. Box 135.

Name of Editor Dr. S. G. Thompson, Director, Bureau of Vital Statistics, Post Office Address, P. O. Box 135.

Managing Editor .....

Post Office Address .....

Business Manager .....

Post Office Address .....

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2. That the owner is: (If the publication is owned by an indidual his name and address, or if owned by more than one individual the name and address of each, should be given below; if the publication is owned by a corporation the name of the corporation and the names and addresses of the stockholders owning or holding one per cent or more of the total amount of stock should be given.)

FLORIDA STATE BOARD OF HEALTH, P. O. Box 135.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state)

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication distributed, through the mails or otherwise, during the six months preceding the date shown above is 10,658. (This information is required from daily publications only.)

B. L. ARMS

Sworn to and subscribed before me this First day of April, 1927.

(SEAL) S. G. THOMPSON

F. H. N.

NEW REGISTRARS APPOINTED

Number	Name	Address
3- 06	Mrs. Myrtle Nixon	Youngstown, Fla.
6- 05	S. D. Macready	Hollywood, Fla.
24- 05	Mrs. Mary L. McDonald	Box 229, Tavares, Fla.
37- 01	Dr. W. E. VanLandingham	West Palm Beach, Fla.
37- 09	James P. Dempsey	Pahokee, Fla.
37- 10	Mrs. Beulah A. Butler	Box 16, Boca Raton, Fla.
40- 01	Dr. C. H. Farmer	Lakeland, Fla.
47-177	R. Lewis	O'Brien, Fla.
55- 01	C. A. Waltmire, Jr.	Punta Gorda, Fla.
59- 01	Miss Louise Browne	Avon Park, Fla.

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

WATER AND MOSQUITOES

The combination of water and mosquitoes was demonstrated during April at Hollywood. On the 12th and 13th the Florida Section of the American Waterworks Ass'n met at Hollywood on their first annual meeting. Last fall an organization meeting was held in Tampa and sixty men attended. At Hollywood the enrollment was eighty with quite a few out of the State guests. A full two days program was carried out including inspection trips about Hollywood, the new water softening filter plant at Ft. Lauderdale, the activated sludge sewage treatment plant at that place and the new filter plant of the West Palm Beach Water Company at West Palm Beach. This new filter, clarifying and de colorizing lake water is without a peer in the state or entire southeast and is operated in an exacting, scientific manner—every precaution being exercised to insure at all times a potable water free from objectionable tastes, odors and bacteria. Among the Florida cities represented were Tallahassee, Jacksonville, St. Augustine, Daytona Beach, Vero Beach, Ft. Pierce, Stuart, West Palm Beach, Lake Worth, Boynton, Ft. Lauderdale, Hollywood, Miami, Coral Gables, Homestead, Tampa, St. Petersburg, Clearwater, Tarpon Springs, Orlando and Sanford.

Beekman Little of Rochester, New York, national Secretary of the American Water Works Association was present and expressed his wonderment at the advance made by this "baby" section of the Association. Formed last June with 23 members it now has 48 members and growing fast. Herman Gunter, State Geologist of Tallahassee, F. P. Larmon, Consulting Engineer of Ft. Pierce, C. H. Eastwood of Atlanta, and Malcolm Pirnie, designing engineer of Hazen and Whipple, New York and West Palm Beach, gave the principal papers.

The meeting next spring will be at Orlando with A. P. Michaels of the Orlando Utilities Commission in charge. Anson W. Squires, Superintendent of the Tampa Water Department is Chairman of the Section.

On Thursday and Friday the Florida Anti-Mosquito Association met at Hollywood and here another big turnout occurred. This association, composed of mosquito fighters, health officials, womens organizations, chambers of commerce and interested citizens held its 5th Annual Session on the 14th and 15th. Topics of general discussion were very largely indulged in and many interesting points brought out. The principal speakers were Dr. T. H. D. Griffiths of Biloxi, Mississippi, who is in charge of the Salt Marsh Mosquito Investigation work for the U. S. Public Health Service, Dr. W. V. King, of Mound Louisiana, Entomologist in charge of experimental work on insects related to man for the U. S. Department of Agriculture, Dr. S. C. Beach, Health Officer of the Illinois Central Railway, Mr. George H. Clements, Secretary of the Bartow Chamber of Commerce and Mrs. E. T. Porter, Chairman of Public Health of the Florida Federation of Womens Clubs. 80 mosquito fighters were registered at the meeting.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF MARCH, 1927

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1296	798	60	90	65	2309
Diphtheria	709	324	16	308	31	1388
Typhoid	297	122	37	11	16	483
Malaria	258	113	33	19	50	473
Rabies	25	21		1		47
Tuberculosis	189	86	15	52	6	348
Gonorrhoea	440	230	17	110	15	812
Syphilis	3019	1000		176		4195
Water: Bacterial Exam.		11		37	2	50
Water: Chemical Exam.				78		78
Milk: Bacterial Exam.	39	242		291	10	582
Milk: Chemical Exam.	41	252		554	9	856
Miscellaneous	108	12	2	38	13	173
	6421	3211	180	1765	217	11794

Specimen Containers Distributed 8466

BIOLOGICAL PRODUCTS DISTRIBUTED DURING MARCH, 1927

Diphtheria Antitoxin	10,000 units	161 Packages
	5,000 units	68 Packages
Toxin Antitoxin		7,656 C. C.
Schicks		1,400 Tests
Tetanus Antitoxin	20,000 units	8 Packages
	10,000 units	5 Packages
	1,500 units	626 Packages
Typhoid Vaccine	Plain	100 Treatments
	Triple	2,802 Treatments
Vaccine Virus		10,344 Capillaries
Antimeningococcus Serum		23 Cylinders
Antirabic Virus		68 Treatments
Carbon Tetrachloride		2,860 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE STATE LABORATORY, STATE BOARD OF HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF CRIPPLED CHILDREN

F. L. Fort, M. D., Director

CEREBRAL SPASTIC PARALYSIS (LITTLES DISEASE)

Following disease or injury of the motor area of the brain, the muscles of the body become stiff and drawn. The brain, having lost control over the muscles cannot tell them what to do. The muscles themselves are not paralyzed, but are in a constant state of spasm, and are practically useless. This hypertonus or stiffness of the muscles, is known as Spastic Paralysis, and varies from slight irritability to marked rigidity. Any limb or one side of the body or the whole body may be affected, depending upon the location and extent of the damage to the brain.

There are many diseases causing Spastic Paralysis. The great majority of our cases are due to hemorrhage of the brain, resulting from injury at birth. Injury to the childs head during prolonged labor or from the use of instruments at birth, is the most common cause. Sometimes the use of drugs to unduly hasten labor, results in intracranial hemorrhage, and Spastic Paralysis. Brain hemorrhage may occur later in life from direct injury, diseased blood vessels, or during an attack of whooping cough or measles. Brain abscess, meningitis and other brain infections may also result in Spastic Paralysis. Syphilis and defective development of the brain, also account for a few cases.

SYMPTOMS

The symptoms vary with the extent and location of the disease. The limbs involved are stiff or rigid, which becomes more marked with emotional excitement. The inhibitory power of the brain over the various groups of muscles is either impaired or destroyed. The limb is pulled into a deformed position by the strongest muscles. As a rule the legs are crossed, the hips and knees are bent, and the patient stands on the ball of the foot. In the upper extremity the arm is held to the side with the elbow bent, the forearm pronated, and the fingers closed. These deformities become more fixed and harder to correct as the years pass.

The reflexes are all exaggerated. Usually there is no loss of sensation or trophic lesions. Quite frequently the eyes are crossed and the face partially paralyzed. Equilibrium is impaired or lost in severe cases. In about twenty per cent of all cases, a constant irregular jerky movement of the paralyzed limb or head is seen when volunteer movements are attempted. This is known as "athetosis" and is an unfavorable symptom. This lack of muscle co-ordination renders the limb useless in some instances.

Practically all cases show some mental impairment. There may be complete imbecility, but as a rule these children are considered as being only a little backward or shy. They talk little, but are

BUREAU OF CRIPPLED CHILDREN—(Continued)

easily excited and upset. Violent attacks of anger or other states of mental instability are frequently encountered.

TREATMENT

The great majority of children with Spastic Paralysis improve in the use of mind and body until past maturity. With proper care and treatment nearly all could be improved still more. Except in cases of extreme mental impairment, parents should not despair and allow these children to grow up in total neglect. The mentality may never be one half normal, but the effort is worth while. They learn better in childhood than in later life. Training should begin as soon as the child can recognize its parents from others, or knows what food is. It may require years to get the spastic arm and hand to hold a spoon in the hand and feed itself. When this has been accomplished they should be encouraged to play with toys of various kinds. The parents can do more with these children than any nurse or institution. Only simple things should be undertaken at first, and never hurry them. Speed must come later. At all times gentleness and kindness should prevail. If they get excited or in a hurry, there is confusion and they can do nothing. Also, as much as possible they should live out doors, live quietly with as little excitement and stress as possible. They should not be kept secluded at home to grow up in ignorance but should be encouraged to mingle with other children, and so learn to imitate them. I believe all who can walk should go to school even though they never learn the alphabet. Seeing how others do is a great stimulus to get them to try to do. You can do nothing with the individual who is indifferent as to whether he walks or not. There must be mental and muscle co-operation.

For the child with spastic legs, learning to walk, by pushing a baby carriage, is all the help necessary sometimes. A taut rope or iron pipe, shoulder high, to hold to, is a great boon to those with a poor sense of balance. Sometimes we find it necessary to use braces and crutches to enable the beginners to walk at all. Later in life one or both may be discarded. Braces may be necessary to prevent the occurrence of deformity.

Fixed deformities like contracted heel cords or scissors gait in walking, may require surgical operations to enable the patient to walk. Operations however only correct deformity, while the patient must learn to use the limb to the best advantage, the same as each of us must learn to write by educating brain and muscles. With the overcoming of physical defects there is a corresponding improvement in the mental outlook.

In conclusion, let me repeat the two facts I hope to leave with you. The number of cases of spastic paralysis can be considerably reduced by proper care of the Mother by herself, and the attending Physician. The other is, that these children can be taught with much effort and patience to do seemingly impossible things eventually.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

MORTALITY, 1926



We are born to die. Death is expected. A preventable death is a tragedy. We are born with a natural instinct to protect life. The increase of the life span of five years in less than one generation is encouraging to those who are well and happy as well as to those who are working for the protection of life and the prevention of avoidable deaths.

It is through the records of a Vital Statistics Bureau that information concerning the increase or decrease of the span of life is made possible. Comparatively few individuals realize the reservoir of information made available by the simple act of registering births and deaths. An early publication will be made on the value of birth registration. At this time the importance of filing death certificates will be emphasized.

Before going into the discussion I would like to personally compliment the undertakers in this State who have so faithfully completed and filed the original death certificates. The service rendered by the undertakers is very much appreciated and has been a wonderful contribution to the citizenry of the State. The physicians who have so carefully filled out the Medical Certificate, giving the cause of death, have also made a splendid contribution. The local registrars, through whom the records have been received, have also performed an important duty in urging all to complete the certificates and in forwarding them so promptly to headquarters.

A low death rate, of course, is our aim but complete registration is also desired in order that an honest inventory may be taken and show where concentrated effort is needed. The Grim Reaper took the greatest harvest in 1926 than for any previous year in this State. A total of twenty thousand twenty-nine (20,029) deaths were registered last year. As stated in the beginning of this article death must be expected. However, every one must fight for life and the very act of fighting will prolong life.

Careful thought must be given to right living. Carelessness, indulgence and ignorance increase the death rate. The allotment of space will not permit an extensive discussion of the price paid in the loss of life during the past year from preventable causes. I will, however, very briefly call attention to some of the fatal results that have taken place from lack of cooperation, necessary funds, indifference or carelessness. Protection is available against typhoid fever but from this cause a total of one hundred eighty-seven (187) persons died last year—one hundred two (102) white and eighty-five (85) colored. Diphtheria is a preventable disease and yet one hundred twenty-three (123) persons died last year from this disease, all but twenty-one (21) being white. Smallpox, a disease which has

BUREAU OF VITAL STATISTICS—(Continued)

been known to be preventable for many years, took a toll of seven (7) lives.

Education and money are necessary if deaths from preventable diseases are to be decreased in this State. The Health Officer often is not appreciated until sickness strikes. If no Health Officer is available because there is no money with which to provide his services it is too late to protect lives that are in danger. Every department now functioning in this State is important and we would like to see their activities increased. But the work of the Health Department is not receiving adequate attention nor remuneration. The time to do health work is when people are well and the finances will be returned many fold in the saving of doctor bills, hospital, casket dealers, undertakers expense, and, most of all, in the earning power of healthy workers.

HEART DISEASE

The cause from which the greatest number of deaths occurred in this State last year was heart disease. Many interesting articles have been written concerning the diseases of the heart. For comparison the number of deaths occurring each year for the past five years is listed below: by color:

Year	Total	White	Colored
1926	2351	1572	679
1925	2240	1589	651
1924	2111	1419	692
1923	1761	1214	547
1922	1412	953	459

CHRONIC NEPHRITIS

Chronic nephritis ranks next to heart disease in the number of deaths caused in this State last year. Deaths in this State for the past five years are listed below by color:

Year	Total	White	Colored
1926	1548	1016	532
1925	1160	744	416
1924	891	566	325
1923	858	539	319
1922	814	515	299

BUREAU OF VITAL STATISTICS—(Continued)

PNEUMONIA—(All Forms)

Pneumonia ranks third. Many factors influence the mortality from this cause. Pneumonia deaths for the past five years are listed below by color:

Year	Total	White	Colored
1926	1189	651	538
1925	971	523	448
1924	894	511	383
1923	815	470	345
1922	671	391	280

TUBERCULOSIS—(All Forms)

This disease ranks fourth in the Florida records while it ranks fifth in the records of the entire United States. Cancer ranks fourth in the United States as a whole. At one time tuberculosis headed the list in the total number of lives taken. The fact that it has dropped to fourth place in Florida should not be taken as an argument to retract activities that have been going on for so many years. The first article in this issue of Health Notes pictures one necessary activity in connection with the control of tuberculosis. The number of deaths occurring from this cause for the past five years is listed by color:

Year	Total	White	Colored
1926	1187	519	668
1925	999	426	573
1924	1054	457	597
1923	1079	490	589
1922	1019	440	579

PUERPERAL STATE

There is a tremendous problem to solve in protecting the lives of new mothers. The number of deaths occurring from this cause for the past five years are listed below by color:

Year	Total	White	Colored
1926	360	216	144
1925	330	186	144
1924	284	138	146
1923	287	164	123
1922	235	128	107

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths by Color and by Counties, 1926

	COUNTIES	DEATHS		
		Total	White	Colored
0.	State	20,029	12,138	7,891
1.	Alachua	427	188	239
2.	Baker	53	32	21
3.	Bay	122	88	34
4.	Bradford	88	62	26
5.	Brevard	209	113	96
6.	Broward	424	276	148
7.	Calhoun	58	47	11
55.	Charlotte	51	34	17
8.	Citrus	58	34	24
9.	Clay	82	56	26
62.	Collier	13	13	0
10.	Columbia	225	122	103
11.	Dade	2,066	1,324	742
12.	DeSoto	144	103	41
56.	Dixie	22	14	8
13.	Duval	2,576	1,234	1,342
14.	Escambia	684	416	268
53.	Flagler	19	7	12
15.	Franklin	64	29	35
16.	Gadsden*	725	323	402
64.	Gilchrist	27	24	3
57.	Glades	128	90	38
65.	Gulf	33	21	12
17.	Hamilton	103	49	54
58.	Hardee	109	94	15
63.	Hendry	18	15	3
18.	Hernando	67	46	21
59.	Highlands	95	62	33
19.	Hillsboro	2,107	1,435	672
20.	Holmes	77	60	17
66.	Indian River	66	35	31
21.	Jackson	307	167	140
22.	Jefferson	195	44	151
23.	Lafayette	22	19	3
24.	Lake	263	165	98

*State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths by Color and by Counties, 1926, (Continued)

	COUNTIES	DEATHS		
		Total	White	Colored
25.	Lee	187	131	56
26.	Leon	232	74	158
27.	Levy	117	58	59
28.	Liberty	30	16	14
29.	Madison	197	89	108
30.	Manatee	317	204	113
31.	Marion	455	205	250
67.	Martin	69	39	30
32.	Monroe	227	163	64
33.	Nassau	94	30	64
34.	Okaloosa	91	78	13
54.	Okeechobee	14	9	5
35.	Orange	813	590	223
36.	Osceola	150	120	30
37.	Palm Beach	738	422	316
38.	Pasco	157	120	37
39.	Pinellas	910	685	225
40.	Polk	935	677	258
41.	Putnam	270	133	137
42.	St. Johns	308	188	120
43.	St. Lucie	103	71	32
44.	Santa Rosa	114	89	25
60.	Sarasota	197	130	67
45.	Seminole	256	112	144
46.	Sumter	125	85	40
47.	Suwannee	186	107	79
48.	Taylor	112	62	50
61.	Union	66	42	24
49.	Volusia	577	413	164
50.	Wakulla	41	21	20
51.	Walton	114	78	36
52.	Washington	100	56	44

BUREAU OF VITAL STATISTICS—(Continued)

NATURAL INCREASE OF POPULATION

FLORIDA

Year	Births	Deaths	Increase
1926	34,721	20,029	14,692
1925	29,301	16,832	12,469
1924	26,748	15,797	10,951
1923	23,221	14,074	9,147
1922	21,973	12,465	9,508
1921	22,074	11,764	10,310
1920	19,540	12,674	6,866
1919	18,653	11,830	6,823
1918	18,141	16,031	2,110
1917	17,921	11,992	5,929
Decade	232,293	143,488	88,805

LIBRARIAN HYGIENIC,
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25TH. & EAST STREET,
WASHINGTON, D. C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

IN GOD WE TRUST

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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Vol. 19 JUNE, 1927 No. 6

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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Communicable Diseases	F. A. Brink, M. D.
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Crippled Children	F. L. Fort, M. D.

*550 Local Registrars (County list furnished on requests).
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Tallahassee	Elizabeth Byrd, B. S.
Tampa	H. D. Venters, B. S.

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Lake Worth	M. T. MacAvelia, M. D.
Marianna	T. H. Johnston, M. D.
Ocala	A. P. Harrison, M. D.
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Tallahassee	C. N. Hobbs
Tampa	D. H. Osburn
West Palm Beach	Russell Broughman

*Assistant Engineer

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‡Dade City	Helen A. Davis, R. N.
‡Dade City	Flora B. Williams, R. N.
‡Fort Myers	Beulah Hieber, R. N.
‡Lake City	Clio McLaughlin, R. N.
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‡Marianna	Laura Niblock, R. N.
‡Melbourne Beach	Mary Corrothers, R. N.
‡Ocala	Mary G. Dodd, R. N.
‡Palatka	Elizabeth Smith, R. N.
‡Pensacola	Lula A. Davis, R. N.
‡Sebring	Jule Graves, R. N.

†Supervisors

‡Address all correspondence care State Board of Health, Jacksonville.

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

GROWTH

The State of Florida has grown rapidly and the State Board of Health has tried to keep up with this growth feeling that the future of the state depends more on the question of health than on any other single item.

We do not have to go far back into history to find a striking example of what preventive medicine can do, not only to create healthful conditions but to allow the completion of other lines of activity. Of course, we refer to the work of Gorgas and his co-workers who made possible the completion of the Panama Canal.

A canal would have been put across the isthmus years before had it been possible to carry on the work but not until the knowledge that both malaria and yellow fever were transmitted only through the bite of mosquitoes and that only certain mosquitoes could convey either disease was the work made possible.

When the carriers of these diseases were known then the study of the life and habits of these varieties of mosquitoes was made and with the application of this knowledge the canal was made possible.

Just for a moment consider the change in attitude toward living not only in Florida but in all the Southern States to say nothing of the sub-tropical and tropical sections where yellow fever was a frequent visitor. What has been done to yellow fever can be done to many other diseases.

There is no more need to have smallpox and diphtheria for instance than there is to have yellow fever except that here the human element comes in instead of having the fight waged against mosquitoes, nor is there the extreme dread of these diseases that there was toward yellow fever.

A similar condition exists regarding typhoid and cholera, both are enteric diseases, one feared the other tolerated; because of this cholera is very rarely seen in this country while typhoid, although not as prevalent as in former years, still takes its toll of lives each year in spite of the fact that it too may be prevented.

Our aim is not only to have our citizens feel that their health will be protected but that every citizen of this entire country shall realize that they can come here with the knowledge that the people of Florida are desirous of giving them every protection that they may live and enjoy living in this the best State for both youth and old age.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

WORK OF THE FIELD MEDICAL OFFICERS

A fair idea of the amount and kind of work done by the field men of the Communicable Disease Bureau, may be gained from the following figures which indicate their more important and time consuming activities for the first four months of 1927.

Cases of communicable disease investigated	777
Smallpox vaccinations	16,598
Typhoid inoculations	15,866
Schick Tests	15,800
Toxin-antitoxin treatments (diphtheria immunization)	19,490
Persons examined	7,734
Interviews and conferences	3,145
Public Addresses	397
Newspaper Articles	63

The reader may divide by ten to get the average per man and by forty to get the average per man per month. This great effort cannot fail to have a far reaching and beneficial effect on health conditions in Florida, not merely because 777 cases of communicable diseases were looked after and many persons rendered immune to certain diseases but largely because of the educational effort put forth by word of mouth and by the health articles published. School children as well as their parents have been taught to think in terms of disease prevention, they are more apt to observe the rules of health, to consult each his own doctor for advice, and inestimable losses of time, money and human lives on account of preventible sickness, will be averted.

DID YOU WAIT TOO LONG?

This morning a proud father brought his beautiful daughter to the office to be vaccinated because the neighbors have smallpox. Asked about being vaccinated himself, he said he "Would come back later." He may forget or wait too long, as others have done, much to their sorrow. Reports of sickness and deaths from preventable diseases indicate that a number of people put off until too late the thing that would have protected them.

IT MAY TAKE TEN YEARS

To eliminate entirely the preventable diseases from the list of human ills is likely to take a long time but every man can throw about himself and his family safeguards that will protect them entirely from certain diseases and reduce greatly the hazard from the others.

Numerous helpful bulletins are published and sent free by the State Board of Health to people who are so interested as to ask for information.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF APRIL, 1927

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1454	968	37	81	29	2569
Diphtheria	891	244	9	604	10	1758
Typhoid	382	139	45	18	21	605
Malaria	326	124	40	23	63	576
Rabies	18	7		1		26
Tuberculosis	201	86	18	35	5	345
Gonorrhoea	477	189	15	118	14	813
Syphilis	2882	754				3636
Water: Bacterial Exam.		18		81		99
Water: Chemical Exam.				53		53
Milk: Bacterial Exam.	42	270	43	249	1	605
Milk: Chemical Exam.	43	270	52	551	1	917
Miscellaneous	72	29	5	64	6	176
	6788	3098	264	1878	150	12178

Specimen Containers Distributed 9412

BIOLOGICAL PRODUCTS DISTRIBUTED DURING APRIL, 1927

Diphtheria Antitoxin	10,000 units	131 Packages
	5,000 units	25 Packages
Toxin Antitoxin		4,254 C. C.
Schick		4,650 Tests
Tetanus Antitoxin	20,000 units	14 Packages
	10,000 units	18 Packages
	1,500 units	636 Packages
Typhoid Vaccine	Plain	49 Treatments
	Triple	5,324 Treatments
Vaccine Virus		9,980 Capillaries
Antimeningococcus Serum		21 Cylinders
Antirabic Virus		51 Treatments
Carbon Tetrachloride		2,423 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE STATE LABORATORY, STATE BOARD OF HEALTH, JACKSONVILLE, FLORIDA

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

READING AND ITS VALUE AS APPLIED TO A PUBLIC HEALTH NURSE'S WORK

We are living in an age of keen competition where time is the important element, and to the nurse who has creditably graduated from a recognized training school, and followed this up with post-graduate work in public health, the thing that looms largest to her is, that she shall fill her position successfully and carry on each day's work in a manner that will reflect credit.

Because Public Health nursing work is so new, it is a rare thing for any nurse to have the time or opportunity to do the well rounded piece of work that the institutional nurse, for instance, with standardized equipment and circumscribed task can accomplish. Then too, the area to be covered by the public health nurse is more often than not larger than should be given to any one person. In all pioneer work the ground must be broken, but it is to the credit of the pioneer, that the well rounded piece of work, organized and perfect in detail, can later be done. We therefore find the nurse even though she is ambitious to keep up and learn everything new that is put out with a bearing on her work, beset on the one hand with the magnitude of her job as she finds it, and on the other, the insistent requests from the community which must have attention if she would keep the good will of the people whom she must work with, as well as very subtly work on, in order to have their cooperation and assistance.

Public libraries are not always available to the country nurse and even where they do find the library, for lack of demand, there is rarely the kind of books available that would be of value.

We are all to a greater or less degree inclined to follow the lines of least resistance, and in the matter of reading we are no exception, in fact, there is a great temptation to read the material available which usually is the latest novel, attractive magazines full of current news and very readable short stories. To the nurse, tired from her day's work, it would seem more like a continuation of that work to try to dig information from the scientific publications from which we get our information. It is my opinion that one of the reasons that the majority of nurses do so little professional reading is that the material published for their use has been up to the present, so heavy and rather difficult to read.

How then, shall we be of assistance to the nurse with a desire for knowledge but with very little time in which to gather it? There are several ways one might suggest:

(1) The purchase of books by the nurse herself to read at her own leisure. This is not so good for the reason that once the books

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

are purchased, the nurse puts them away to be read at some other time when she is not so busy.

(2) Through the nursing organizations and by this I mean principally the local organizations, to have as a part of their program at each meeting a short period of discussion of new literature pertaining to the work of the nurse. This might stimulate reading. This would make some reading more or less of an obligation.

(3) A circulating library available within the state, for the use of the nurses with no cost other than postage. The necessity for the return of the material might be an added incentive to read. This would seem best.

At the present time there is available a package library from National Health Council through the National Health Library (370 - 7th Ave., New York City). A supply of material bearing on the various phases of nursing work can be had for the cost of mailing one way. The package is mailed from the National Health Council and the nurse may keep it for a period of weeks when it must be returned, paying the postage and insurance.

Bibliographies and reading lists can also be obtained from the same source.

The National Health Council also offers reading material on health subjects through library centers developed in co-operation with state libraries; offers advice regarding health literature suitable for public libraries to nurses and librarians interested in providing such reading for their communities; offers the use of carefully prepared publicity material to nurses who wish to interpret public health nursing to the general public; offers to local organizations and individual nurses specific suggestions as to the methods and types of material that may be used in their local publicity campaigns.

There are certain publications which every nurse should have on her desk for ready reference. Every nurse should have her name on the mailing lists for free publications of:

The various State Boards of Health and The American CHILD HEALTH ASSOCIATION, 330 Seventh Ave., New York City, Federal Children's Bureau, United States Department of Labor, Washington, D. C. Metropolitan Life Insurance Co., New York City. American Posture League, 1 Madison Ave., New York City. United States Public Health Service, Washington, D. C. United States Bureau of Agriculture, Washington, D. C. United States Bureau of Education, Washington, D. C. Playground and Recreation Association of America. Chicago Health Department, Chicago, Ill. National Dairy Council, 910 S. Michigan Ave., Chicago, Ill.

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

Magazines—American Journal of Nursing, subscription price per year $3.00 The Public Health Nurse, subscription price per year $3.00. American Journal of Public Health (Official organ of American Public Health Assn.) The Red Cross Courier, subscription price per year $1.00.

Health Notes—which is the monthly bulletin published by the Florida State Board of Health and which gives a resume of the work of the State Board of Health for the preceding month, can be obtained by nurses who are not already on this mailing list by sending in name and address to P. O. Box 135, State Board of Health, Jacksonville, and asking to be placed on the mailing list for free publication.

There is also Hygiea (published by the American Medical Association, 535 N. Dearborn St., Chicago, Ill., subscription price $3.00 per year) and the Nation's Health (published by Modern Hospital Publishing Company, Chicago, subscription price $3.00 per year) both of which should be in every community library.

Books—There is an almost endless list of authors of unquestioned ability whose works can be purchased through the large publishing houses. I should like to call attention to The National Health Series: A set of twenty small booklets covering every phase of public health work in a most condensed form. Each of these booklets is written over the name of the most skilled specialist in his particular line. (Price $6.00 per set from National Health Council.)

I have found that to the busy person the safest method of keeping up in reading is to assign one's self a definite task for a short period daily or at stated intervals and then "hew to the line".

The Public Health Nurse, because of the very nature of her work must needs read if she would keep abreast of the times professionally. We are many times reminded that life in school, certainly the life of the public health nurse is one continuous period of study and while much knowledge is gained by experience, we must needs keep up on methods, ways and means of meeting the needs in our particular field by carefully selected reading.

— F. H. N. —

BUREAU OF CRIPPLED CHILDREN

F. L. Fort, M. D., Director

"OBSTETRICAL PARALYSIS"
(Birth Palsy)

Infantile and Spastic Paralysis were discussed in the two previous numbers of "Health Notes". It seems proper to discuss one

BUREAU OF CRIPPLED CHILDREN—(Continued)

other rather common type of paralysis, which goes neglected in many cases.

Birth Palsy is due to injury at birth, to the nerves as they emerge from the spinal cord, going to supply the arm and shoulder girdle. The nerves may be torn apart, or only stretched or pressed up by a blood clot, scar tissue, or displaced bone. Either the lower arm and hand or the upper arm and shoulder may be affected, or the whole arm may be involved. It is very rare to see both arms affected. Practically always there is a history of a difficult birth, with pulling or tugging on the arm in some abnormal position. During the first week of life the baby is seen to have a limp and useless arm. It may be quite tender and painful to handle the arm for the first week or two. Later sensation is only slightly impaired as a rule; unless the nerves have been torn completely apart. Occasionally a fracture of the humerus or collar bone, or a dislocation of the shoulder may give the appearance of an arm paralysis. A careful examination, including an X-ray picture, will clear up the diagnosis quite definitely. The outlook in Birth Paralysis depends upon the extent of damages and upon the treatment received. Practically all cases improve considerably but few entirely recover. If improperly treated a small deformed arm and hand frequently results.

The first month of life, while the arm is tender and painful to handle, it should be bound down across the front of the chest. After this, there should be daily massage and exercise of all points to prevent contractures and deformities from occurring. The closed fist should be forcibly opened wide several times per day. The flexed wrist should be maintained in a cock-up position. Also the pronated forearm, which practically always exists, should be gradually forced into supination and maintained that way if necessary. The arm should be braced in a position horizontal to the body, with the elbow flexed ninety degrees and with the arm in outward rotation. This is just the opposite of the usual position which the arm assumes. Repair to the damaged nerves and prevention of deformity is best obtained by the use of an aeroplane or platform splint, which holds the arm in the desired corrective position. The splint should be worn for a year or longer, if recovery is not complete. Active use of the entire arm should be encouraged as soon and as much as possible.

In the older neglected children, with pronated forearm contractures, or with inability to raise the arm over the head, much improvement can be obtained by operations designed to lengthen or liberate contracted tissues. Operations for suturing together the torn nerves have not been any more successful than in those treated conservatively, without operation. Treatment should be begun as soon as the condition is recognized.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

Total Births, (exclusive of Stillbirths) by Color and by Counties, 1926

	COUNTIES	DEATHS BIRTHS		
		Total	White	Colored
0.	State	34,721	24,838	9,883
1.	Alachua	654	350	304
2.	Baker	175	135	40
3.	Bay	299	219	80
4.	Bradford	194	156	38
5.	Brevard	338	245	93
6.	Broward	669	475	194
7.	Calhoun	174	138	36
55.	Charlotte	102	81	21
8.	Citrus	113	79	34
9.	Clay	111	80	31
62.	Collier	24	24	0
10.	Columbia	404	235	169
11.	Dade	3,891	2,813	1,078
12.	DeSoto	260	227	33
56.	Dixie	57	40	17
13.	Duval	3,629	2,418	1,211
14.	Escambia	1,019	812	207
53.	Flagler	53	28	25
15.	Franklin	142	90	52
16.	Gadsden*	508	196	312
64.	Gilchrist	83	73	10
57.	Glades	46	36	10
65.	Gulf	83	52	31
17.	Hamilton	197	126	71
58.	Hardee	261	248	13
63.	Hendry	45	43	2
18.	Hernando	129	99	30
59.	Highlands	254	206	48
19.	Hillsboro	3,887	3,264	623
20.	Holmes	265	254	11
66.	Indian River	201	149	52
21.	Jackson	674	403	271
22.	Jefferson	359	91	268
23.	Lafayette	123	103	20
24.	Lake	464	339	125

*State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS—(Continued)

Total Births, (exclusive of Stillbirths) by Color and by Counties, 1926 (Continued)

	COUNTIES	DEATHS— BIRTHS		
		Total	White	Colored
25.	Lee	408	354	54
26.	Leon	426	123	303
27.	Levy	238	164	74
28.	Liberty	82	53	29
29.	Madison	359	142	217
30.	Manatee	593	419	174
31.	Marion	612	330	282
67.	Martin	110	76	34
32.	Monroe	371	288	83
33.	Nassau	198	110	88
34.	Okaloosa	241	210	31
54.	Okeechobee	83	60	23
35.	Orange	1,129	890	239
36.	Osceola	192	137	55
37.	Palm Beach	1,130	749	381
38.	Pasco	322	242	80
39.	Pinellas	1,564	1,209	355
40.	Polk	1,932	1,557	375
41.	Putnam	480	255	225
42.	St. Johns	427	308	119
43.	St. Lucie	186	123	63
44.	Santa Rosa	335	279	56
60.	Sarasota	363	307	56
45.	Seminole	468	280	188
46.	Sumter	196	130	66
47.	Suwannee	354	235	119
48.	Taylor	287	208	79
61.	Union	116	84	32
49.	Volusia	836	593	243
50.	Wakulla	171	112	59
51.	Walton	380	299	81
52.	Washington	245	185	60

LIBRARIAN HYGIENIC.
LABORATORY.
25TH. & EAST STREET.
WASHINGTON, D. C.

A PAGE for the CHILDREN

MOTHER GOOSE HEALTH RAYMES



Mary, Mary, wise and wary,
How does your garden grow?
Beets full red and a lettuce head
And peas all in a row ~

Spinach greens, nice lima beans,
Tomatoes too, they say
Keep Mary well and why, do tell?
She eats some every day.

What are these children ordering?
Follow the wires and see



HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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Vol. 19 JULY, 1927 No. 7

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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†Supervisors

‡Address all correspondence care State Board of Health, Jacksonville.

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

THE SEYMOUR PLAN TO BE CONTINUED

At the conference of State and Provincial Health Authorities held at Atlantic City in 1926 a plan was suggested for country wide immunization and the plan was outlined in the September number of Health Notes.

The reports from the outcome of that campaign have been so gratifying that the conference this year voted to continue the work for the next two years. The details will be worked out and they will be made public at the proper time.

While the details are bound to vary somewhat in many states, the general principles are the same and by having all the States of the United States and all the Provinces of Canada joining in a concerted drive and at practically the same time it certainly does add to the momentum of such a campaign.

What a happy time it will be when we have no diphtheria, no smallpox and no typhoid and that time will come just as soon as all the people are determined that it shall for all are strictly preventable.

— F. H. N. —

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

COMPENSATION

When a health officer sees improvement in the living conditions and the health of a community resulting from his own efforts, his joy knows no bounds. Particularly is this true when he sees rosy cheeks and red lips where he saw only pallor before, when he sees "pep" and joy in play where once he saw listlessness in children once underweight and below par in many ways, but well nourished and normal now.

Such changes frequently greet the eye in the school, the town and the country where the health officer has gained the friendship, attention and intelligent co-operation of the people he seeks to serve. For be it known that the health officer cannot go into a community and, with his own hands, dig drainage ditches, build sewer systems or privies, cure hookworm disease and malaria or provide proper food for the children. Occasionally, though reluctantly, he must accomplish some of these things through process of law, but he depends mainly on the people themselves to do the actual work. He merely tells them how and why.

The problems which are daily met are sometimes such as fill the heart with joy, sometimes with sorrow and disappointment. The health officer meets indifference, opposition, resentment. He sees neglected children, pale, stunted, skinny children, sick children. These

BUREAU OF COMMUNICABLE DISEASES—(Continued)

fill his heart with sadness, for well he knows that the work and expense required to place these little lives on a substantial foundation of good health, are so trifling by comparison with the benefits to be gained, that there is no excuse for such evident neglect. So discouraged at times does the health officer become that he yearns for different employment but then comes successes and well earned gratitude to renew his courage and give him zeal for greater effort.

Because of good food, fresh pure air and abundance of exercise, the country dweller should have better health than those who live in cities, but there are often other and harmful influences which, though easily surmountable, often do more than counteract all these beneficial conditions. We often find that country families fail to produce the dairy and garden foods and fruit that should fill their tables, articles the city dweller can and usually does provide from his grocer. One could scarcely believe that the staples of diet in many a country home are corn bread, cane syrup, grits, salt pork and now and then some canned stuff from the store. Many of these people neglect to read Health Notes or other helpful material that would teach them how to keep well, but the farm agents, home demonstrators, school teachers, club women and good neighbors who do read, can and will spread the gospel of good food, open bed-room windows, home sanitation and hookworm eradication, until the rural dwellers shall be numbered among those who are happy because they are healthy. Even now there is an encouraging and increasing number of families that keep cows and are provided with fresh milk, cream and butter. The home production and consumption of fruit, tomatoes, peas, beans, lettuce, celery, greens and other vegetables seems to be on the increase.

The work of a health officer might seemed designed to hurt the practicing physician's business by reducing the amount of sickness, yet the writer always finds the physician, your physician, ready to help in all work for the betterment of his people. This might be due to his foresight, for a physician cannot prosper in a community where all the people are sick all the time, but I hold that it is due to his inherent desire to see people enjoy good health. His helpful cooperation is greatly appreciated and he is commended for his wisdom and generosity.

The welfare and progress of Florida depend on the physical and mental vigor of her citizens which in turn depends on good health. This state is going to go ahead with its health program and surround its youth with every safeguard until other states will look to Florida as an example of health, wealth and happiness.

TETANUS (Lockjaw)

Any punctured, lacerated or contused wound may be regarded as a possible source of danger from tetanus, particularly if the wound is contaminated with filth. Such wounds should be treated by a physician. Tetanus antitoxin will prevent tetanus and should be accepted if the doctor advises it. Nail punctures are prone to cause tetanus because the nail often passes through the shoe which has been previously soiled with street dirt.

Tetanus in infants may be caused by carelessness in dressing the cord. This is just another reason for having skilled attendance at birth.

BUREAU OF CRIPPLED CHILDREN

F. L. Fort, M. D., Director

HARE LIP AND CLEFT PALATE

Who, but those actually having gone through the trying ordeal, can know with what mingled feelings and emotions the fond parents, after anticipating for months the baby's arrival, gaze for the first time upon their OWN CHILD and see the awful sight of an unfortunate with a harelip or a harelip and cleft palate combined.

Ofttimes there are other deformities in conjunction, web fingers, contractures of the limbs, club feet and the like, but none of these can approach in deformation or mutilation a harelip, as it has been truly said this is the most conspicuous deformity known to the human family.

The term hare lip should be discarded as the deformity in no way resembles a hare or a rabbit. Instead, cleft lip and cleft palate should be used.

These defects are caused by the lack of union of the soft parts of the unborn babe while in the process of formation. It is commonly supposed that the mother may affect the baby's development by fright, shock, grief, looking at unusual sights, but such is absolutely impossible. There is no way that a mother can affect the development of her unborn babe causing it to be marked or deformed. A mother can aid in producing healthy children by proper food, regular habits, and keeping her health in the best possible condition by consulting her doctor as soon as she becomes pregnant and remaining under his observation during the whole time.

Immediately after a child is born with cleft lip or cleft palate it should be taken to the surgeon for examination. These babies should be operated upon at once, during the first few days if possible or, at the latest, the first few weeks.

The old argument that months or years should elapse, allowing the parts to become larger and stronger and therefore more suitable for operation is a serious mistake, and many children go through life grossly marked as martyrs to such erroneous ideas.

This defect is developmental and it grows worse and more difficult to correct as the time passes. The bones become harder and more set, the soft tissues develop along abnormal lines.

At birth the parts are in the best possible condition for operation. The babies stand the operative procedures well and above all the best cosmetic results are obtained.

It is true, at times several operations are necessary and a great deal of time and work required to obtain the best possible results, but the goal is well worth the struggle. Nothing is more pitiful than to see a child past the talking age to whom no chance has been offered to escape this terrible affliction.

Ordinarily speaking the hard palate should be closed at birth, the lip four to six weeks later and the soft palate at from fourteen to sixteen months.

(Signed) Harold D. Van Schaick, M. D.

BUREAU OF SANITARY ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

YOUR SCOUT SON AND HIS CAMP

Thousands of anxious parents are now debating the question—shall I allow my son to go to the Boy Scout camp or not? What assurance have I that his health, welfare and moral upbringing will be safeguarded? These questions ofttimes are serious problems and a little insight into the problem may be advantageous.

A Boy Scout camp must fall into one of three grades: Approved or Grade C, High or Grade B and Excellent or Grade A. A camp which rates in the "C" or minimum standard grade is considered an approved Boy Scout camp. A camp which has earned this grade has provided responsible supervision to give the boys a happy and healthful camping experience, under safe and wholesome conditions. A camp cannot be measured entirely by its equipment, as personality and spirit are vital to its success.

A camp qualifying in the respective requirements of "B" or high grade, has made progress in addition to all "C" Grade requirements, which is quite natural as interest and traditions are developed from year to year, and as more money is made available for improvements. The "B" Grade camp is generally stationary and of more permanent nature to accommodate campers at other times of the year. This camp furnishes better than the ordinary facilities for the comfort, safety and improvement of the campers.

An "A" Grade camp must, in addition to "C" and "B" Grade requirements, have superior facilities in every phase of camp craft and achievement. This grade is awarded to camps, which because of special equipment and personnel, may be considered as training camps, in the science of camping, for volunteers and scouts. It is expected that all "A" Grade camps should help to interpret the very highest ideals of the scout program and camping efficiency.

The inspection and report necessary to rate or grade these camps is made by representatives who are members of the local camp committee. The camp directors or scout executive accompanies the inspecting committee on its tours in order to explain the methods in use and to answer questions. He does not serve as an inspector in making recommendations for the camp grade.

The inspection trip covers the following main headings each subdivided into numerous sections—1. Leadership and Personnel, 2. Camp Site, Buildings and Equipment. 3. Program, 4. Health and Sanitation, 5. Food Supplies, 6. Business Management.

As we are vitally interested in health and sanitation, let us see how this is subdivided. The following are listed requirements:

"C" Grade Requirements—

1. Special care to provide pure drinking water.
2. Grounds and quarters clean and well-kept.

BUREAU OF SANITARY ENGINEERING—(Continued)

3. Kitchen, food supplies, utensils and dishes in which food is prepared or served kept clean and free from dirt and contamination.
4. Health inspection of all scouts by a licensed physician, within 24 hours before leaving for camp, or within 24 hours after arrival in camp.
5. Garbage and camp refuse disposed of daily in a way to prevent breeding of and contamination by flies, disagreeable odor or contamination of water supply.
6. Latrines inspected daily and kept in sanitary, fly-proof condition.
7. A first aid kit approved by camp physician.
8. A "Senior" life saver in charge of all swimming.
9. "Buddy System" used in swimming.

"B" Grade Requirements—

1. Two visits by camp physician each week for inspection of scouts, quarters, kitchen, garbage disposal and latrine facilities.
2. Water analyzed and certified by bacteriologist of the Board of Health before camp opens and again while boys are in camp.
3. An American Red Cross examiner in charge of swimming.
4. Swimmers' check board.
5. Life boat.
6. Garbage disposed of by incinerator or carried away in covered cans which are sterilized daily.
7. Latrines fly-proof, scrubbed and inspected.
8. Precautions taken against the spread of disease by flies and mosquitoes and other insects or vermin.
9. Grounds drained.

"A" Grade Requirements—

1. Careful examination and record of health, including weight and physical measurements, condition of heart, lungs, hernia or other physical handicaps, exposure to contagious disease.
2. Hospital tent or building with suitable equipment for all first aid and treatment of camp ailments and for use in class instruction.
3. Every known source of breeding of flies and mosquitoes removed from camp site and immediate vicinity, or made non-breeding.
4. Daily sanitary inspection of quarters, person and equipment of campers, kitchen food supplies, dishes and utensils, water supply, latrines and garbage disposal, by sanitary squad, under supervision of a physician.
5. Enforcement of rule of individual drinking cup and canteens, and regulations as to source of water used by campers for drinking purposes in camp and on hikes.
6. Drinking water tested twice monthly by accredited bacteriologist.
7. Opportunity for hot bath.

Thus you see how the camps are guarded. This year the Bureau of Engineering will make one or more inspections of each Scout Camp in the State. Already camps at:

(Continued on page 105)

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

MARKED "PERSONAL"

Returning to the office from a trip in the field invariably means a number of letters, memoranda, and other material neatly stacked on my desk for immediate attention, and usually by themselves a number of unopened letters marked "Personal."

In taking care of the official correspondence, one begins at the top of the pile and goes on through to the bottom, with the idea in mind of keeping the affairs of the office running smoothly and giving the most efficient service possible to the people of the State.

The personal mail is another matter, and in many instances it also is official; sometimes it is purely personal. Occasionally, however, letters come marked "Personal" which do not seem to belong to one person alone, although so addressed and marked "Personal" by the sender.

I have before me three letters and a little snap-shot, and it is with mixed feelings that I have read and re-read these letters and looked at the little picture. In this busy work-a-day world, where speed and money and individual gain appear to be paramount, it is refreshing to say the least, to find someone with ability who will deliberately set aside a position, which means a fair salary, comparative security, and congenial companionship with one's own kind, for work which offers neither salary, security or personal gain.

The person of whom I speak is a modest, unassuming woman who for the past two and a half years has given splendid service as district Staff nurse with the Bureau of Child Hygiene and Public Health Nursing, Florida State Board of Health, and it is with the feeling that every good deed known tends to raise the standard for all, that this article is written.

Three months ago this nurse was given leave of absence to spend some time with friends in Guatemala and to make a sight-seeing tour of some of the South American countries. After her arrival in Guatemala City, her first letter to me marked "Personal" came. It was replete with her story of the trip down and gave graphic descriptions of Guatemala up to the time her first letter was written. A little footnote at the end of the letter carried the information that her friends were soon to make a several days trip into the back country among the Indians, and they had given her permission to go along if she cared for that sort of thing.

Miss X is a well-trained Public Health Nurse with keen perception and a love for humanity. She has had years of varied experience in her profession. Her work has always been done with a genuine desire to give, to the limit of her capacity, conscientious service wherever needed, and it is not surprising that her second letter contained very little about her personal experiences, but was full of the need for Public Health work along various lines in the parts of the country which she has visited.

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Cont'd)

Again, one little paragraph gave me much food for thought. "Was out in the back country the other day with Mr. H who was looking for a place to establish a Mission among the primitive Indians. The roads were very perilous but the scenery beautiful beyond description. It was well worth the trip down here for this one experience. Will write again as soon as I know more of interest."

Later, on my return to my desk after another period in the field, one little thin letter marked "Personal" was waiting for me, and this time the official mail took second place. Some intuition, which we cannot account for, made me linger over the opening of this letter. It was not long, just one page, and in it she asked regretfully to be dropped from the Staff. Since she felt that she perhaps was not playing fair with her department in resigning while away from duty, she added an apology. Her explanation was that she had been back in the interior where she had seen whole villages of Indians who needed help so badly, with no way for that help to be obtained; children needing skilled attention; mothers needing instruction; insanitary conditions of every kind,—in short, a world of work to be done, with no one to do it. Knowing her, it was not difficult for me to visualize how deliberately she made her decision to stay out among these primitive Indians, beyond civilization, to give a service to them whose need was so apparent.

Her only comment to me was that "The very thought of being allowed to enter the territory, thrills me to the bone! After all, we travel this way but once, and 'it is not all of life to live, nor all of death to die.' "

Miss X would be surprised to know that anyone thought her decision warranted any sort of praise or favorable comment, but such things do not happen every day. She has set herself a task which we who know her can see carried on in spite of whatever handicaps or difficulties may present themselves, and she, without giving it a thought, is adding to the rich heritage of her profession by ranging herself along with those other fine pioneer nurses who have blazed trails in a wilderness of ignorance, in an effort to do their share towards bringing health and happiness to all the peoples of the earth.

Our best wishes follow her wherever her work may take her, and at this particular time of the year, when most nurses' training schools are graduating classes, the example of "our nurse" can be held up as a shining light to emulate and follow.

BUREAU OF SANITARY ENGINEERING—(Cont'd from page 103) Jacksonville—Doctors Inlet, Panama City— Camp Cheerful, Lake Stearns—Lake Stearns, Pine Camp—Ft. Lauderdale have been inspected, water tested, etc. The Bureau Director expects to make a personal trip to each camp operated in the State making an official grading inspection for we feel that our future citizens, the leaders of tomorrow, should have all the safeguards thrown about them that science and experience can provide.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF MAY, 1927

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1644	402	20	62	157	2285
Diphtheria	282	124	9	99	9	523
Typhoid	358	163	52	33	33	639
Malaria	345	139	50	29	69	632
Rabies	22	13		4		39
Tuberculosis	180	65	14	41	18	318
Gonorrhoea	362	225	20	56	14	677
Syphilis	2864	868				3732
Water: Bacterial Exam.		102		57		159
Water: Chemical Exam.				83		83
Milk: Bacterial Exam.	52	199	56	259	4	570
Milk: Chemical Exam.	54	201	56	551	4	866
Miscellaneous	58	33	2	25	6	124
	6221	2534	279	1299	314	10647

Specimen Containers Distributed 7732

BIOLOGICAL PRODUCTS DISTRIBUTED DURING MAY, 1927

Diphtheria Antitoxin	10,000 units	108 Packages
	5,000 units	32 Packages
Toxin Antitoxin		2,571 C. C.
Schicks		150 Tests
Tetanus Antitoxin	20,000 units	6 Packages
	10,000 units	10 Packages
	1,500 units	722 Packages
Antimeningococcus Serum		12 Cylinders
Typhoid Vaccine	Triple	5,186 Treatments
Vaccine Virus		5,062 Capillaries
Antirabic Virus		47 Treatments
Carbon Tetrachloride		2,763 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE STATE LABORATORY, STATE BOARD OF HEALTH JACKSONVILLE, FLORIDA

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

INFANT MORTALITY



We are not doing enough. Something more should be done. Florida is paying too high a toll in precious little lives that are flickering out each year. In last month's article, we pointed with pride to the fact that 34,721 live births were registered in Florida during the calendar year 1926. This is the best record ever attained in birth registration in this state. Here is something to think about, however: out of every one thousand babies born alive in this state, seventy-five died before reaching the age of one year. A total of two thousand, six hundred and fourteen (2,614) babies born last year in this state have closed their eyes in the sleep of death. More work, more money, more education and more attention should be directed toward the lowering of the infant mortality rate in this sate. Babies should be born to live and should be given a fair chance. In this glorious state of sunshine and flowers, these precious little lives should have every advantage that is known to science.

The rate of 62 for the white population in Florida does not seem so far from the best rate recently published by the United States Bureau of Census, which was 51.6 for Oregon. Special attention should, however, be given to the lowering of the infant mortality rate in this state so that the time may not be too far distant when Florida may point with pride to the fact that this state leads the country in having the lowest infant mortality rate.

Those who are working diligently to reduce the infant mortality rate look with pride on the records that have been available since 1917, when the first records for Florida were compiled. At that time, the infant mortality rate for the state was 106; for the white population, 86; for the colored, 155. The rate is lower now than it was in 1917. However, it is higher than for 1925. The white rate fluctuated between 66 and 65 from 1921 to 1923, inclusive, going up to 70 in 1924 and dropping to 61 in 1925, the lowest infant mortality rate ever recorded for this state.

Deaths Under 1 Year and Infant Mortality Rates, By Color, 1917 to 1926, Inclusive

Year	Total	Rate	White	Rate	Colored	Rate
1926	2,614	75	1,545	62	1,069	108
1925	2,179	74	1,219	61	960	104
1924	2,182	82	1,259	70	923	107
1923	1,822	78	1,017	65	805	106
1922	1,691	77	997	65	694	104
1921	1,770	80	1,001	66	769	112
1920	1,835	94	1,031	76	804	134
1919	1,659	89	927	72	732	126
1918	1,947	107	1,148	91	799	145
1917	1,897	106	1,087	86	810	155

BUREAU OF VITAL STATISTICS—(Continued)

Some pitfalls causing tragedy on the babies' highway in Florida during 1926 may be noted in the following table.

Deaths of Infants Under One Year of Age, by Color, 1926.

CAUSE OF DEATH	DEATHS		
	Total	White	Colored
Typhoid	4	1	3
Malaria	23	6	17
Smallpox	1		1
Measles	5	1	4
Scarlet Fever	1	1	0
Whooping Cough	32	18	14
Diphtheria	9	5	4
Influenza (all forms)	75	37	38
Dysentery	24	12	12
Chickenpox	2	1	1
Tetanus	32	9	23
Syphilis	52	17	35
Septicemia	5	4	1
Rickets	9	4	5
Meningitis	19	15	4
Convulsions	37	10	27
Diarrhea and Enteritis	363	224	139
Intestinal Obstruction	25	15	10
Premature Births	664	445	219
Injury at Birth	128	97	31
Poisoning by Food	3	3	0
Burns	6	3	3
Accidental Mechanical Suffocation	12	8	4
Accidental Drowning	4	2	2

It is not necessary to point out to any reader the unnecessary pitfalls revealed in the above tabulations which show the number of deaths from certain causes as outlined in accordance with the International Classification of Causes of Death.

The United States Bureau of Census has just released some figures for twenty-nine states in the United States Registration Area for 1926. According to this publication, fourteen of the twenty-nine states show a lower infant mortality than Florida. The colored population comprises quite a factor in the infant mortality rate. Eliminating this, we find that six states have a lower infant mortality rate than for the white population in Florida. These states are California, with a rate of 62.9; Iowa, 59.4; Minnesota, 57.4; Nebraska, 57.8; Oregon, 51.6 and Washington 56.2. Arizona leads the list both alphabetically and for the highest infant mortality rate, according to the figures just released, the rate for that state being 119.5; Delaware follows with a rate of 92.9 and Maryland next with a rate of 86.9.

BUREAU OF VITAL STATISTICS—(Continued)

INFANT MORTALITY RATES—By States, 1926

States	Rates
Arizona	119.5
California	62.9
Connecticut	72.3
Delaware	92.9
Florida	75.0
Illinois	69.4
Indiana	72.3
Iowa	59.4
Kansas	65.3
Kentucky	76.2
Maine	80.2
Maryland	86.9
Michigan	77.2
Minnesota	57.4
Montana	76.9

States	Rates
Nebraska	57.8
New Hampshire	77.7
New Jersey	70.1
New York	70.3
North Dakota	69.1
Ohio	76.2
Oregon	51.6
Pennsylvania	82.5
Rhode Island	81.8
Virginia	83.3
Washington	56.2
West Virginia	81.8
Wisconsin	69.1
Wyoming	75.9

— F. H. N. —

NEW REGISTRARS APPOINTED

Number	Name	Address
21-03	Mrs. Robert Harris	Graceville, Fla.
28-01	E. M. Penny	Box 151, Hosford, Fla.
31-337	Mrs. A. R. Zetrouer	Rt. 2, Micanopy, Fla.
33-01	E. L. Wolff	Fernandina, Fla.
44-247	C. R. Cooper	Harold, Fla.
50-05	Mrs. Nannie Durrance	Rt. 1, Box 20, Arran, Fla
51-187	Mrs. C. M. Stephens	Santa Rosa, Fla.
64-02	Mrs. Laura E. Hastings	Bell, Fla.

— F. H. N. —

KEEP CHILDREN FROM TUBERCULOUS ELDERS

"Neither man nor woman has the right to marry when actually ill with tuberculosis," quotes Hygeia from an article by Dr. S. Adolphus Knopf in The Journal of the American Medical Association. However, when the disease has apparently been arrested they may marry and have children, in the opinion of this authority.

A woman with tuberculosis is not in fit physical condition to bear a child. Furthermore, one of the most common sources of tuberculosis is contact of children with tubercular elders. If the mother is tuberculous, the child must even be deprived of his most ideal nutriment, his mother's milk.

BUREAU OF VITAL STATISTICS—(Continued)

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living Births by Color and by Counties—1926

	COUNTIES	Total		White		Colored	
		Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births
0.	State	2614	75	1545	62	1069	108
1.	Alachua	38	58	18	51	20	65
2.	Baker	10	57	5	37	5	125
3.	Bay	13	43	10	45	3	37
4.	Bradford	8	41	4	25	4	105
5.	Brevard	25	74	7	29	18	193
6.	Broward	65	97	34	71	31	160
7.	Calhoun	14	80	13	94	1	28
55.	Charlotte	4	39	3	36	1	48
8.	Citrus	5	44	4	51	1	29
9.	Clay	8	72	6	75	2	64
62.	Collier	2	83	2	83	.....	.....
10.	Columbia	24	59	11	47	13	77
11.	Dade	348	89	176	62	172	159
12.	DeSoto	17	65	16	70	1	30
56.	Dixie	2	35	2	50	.....	.....
13.	Duval	300	83	163	67	137	113
14.	Escambia	107	105	77	95	30	145
53.	Flagler	1	19	1	35	.....	.....
15.	Franklin	11	77	8	88	3	58
16.	Gadsden	37	73	11	56	26	83
64.	Gilchrist	3	48	3	41	1	100
57.	Glades	6	130	2	55	4	400
65.	Gulf	8	96	6	115	2	97
17.	Hamilton	19	96	7	56	12	169
58.	Hardee	21	80	20	81	1	77
63.	Hendry	2	44	2	46	.....	.....
18.	Hernando	9	70	5	50	4	133
59.	Highlands	7	28	5	24	2	42
19.	Hillsboro	310	80	209	64	101	162
20.	Holmes	12	45	11	43	1	91
66.	Indian River	13	65	8	54	5	96
21.	Jackson	44	65	24	59	20	74

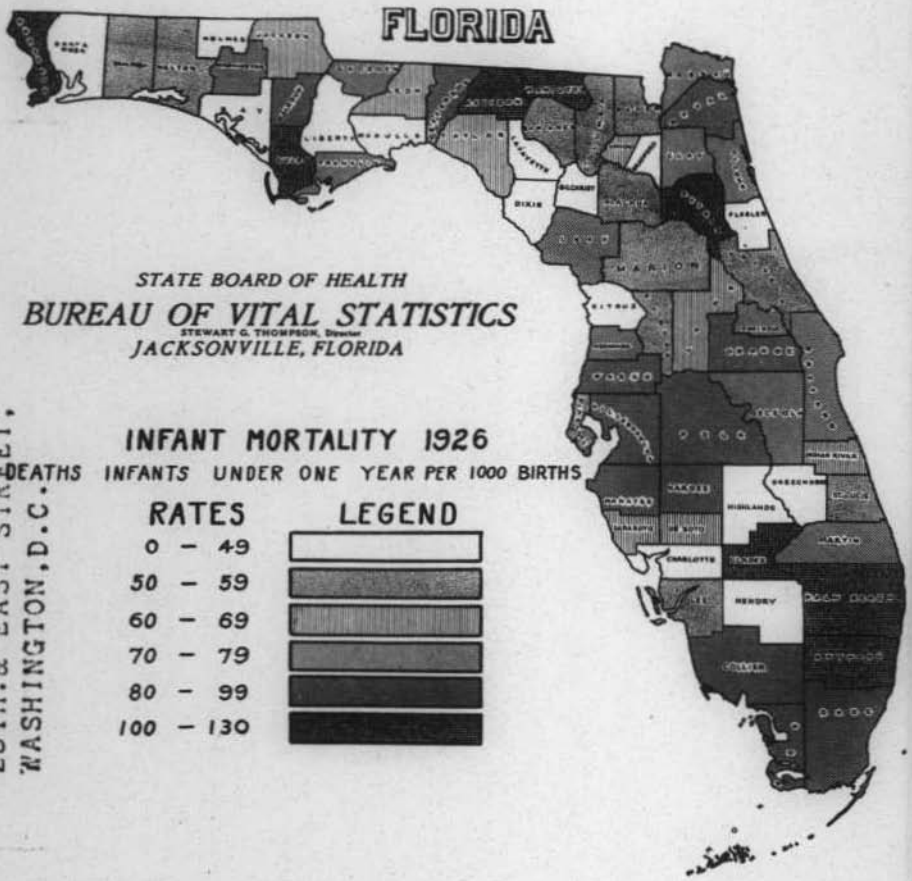
BUREAU OF VITAL STATISTICS—(Continued)

INFANT MORTALITY

Deaths of Infants Under One Year of Age and Rates Per 1000 Living Births by Color and by Counties—1926

	COUNTIES	Total		White		Colored	
		Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births	Deaths Under 1 Yr.	Rate Per 1000 Births
22.	Jefferson	29	81	8	88	21	78
23.	Lafayette	2	16	2	19	.....	.....
24.	Lake	31	68	18	53	13	104
25.	Lee	22	54	16	45	6	111
26.	Leon	27	63	5	40	22	72
27.	Levy	18	76	10	61	8	108
28.	Liberty	2	24	.....	.....	2	69
29.	Madison	35	98	12	84	23	106
30.	Manatee	52	88	37	88	15	86
31.	Marion	34	55	18	54	16	57
67.	Martin	8	73	6	79	2	59
32.	Monroe	31	84	23	79	8	96
33.	Nassau	14	71	4	36	10	114
34.	Okaloosa	12	50	11	52	1	32
54.	Okeechobee	1	12	1	16	.....	.....
35.	Orange	101	89	57	64	44	182
36.	Osceola	14	73	10	73	4	73
37.	Palm Beach	103	91	51	68	52	136
38.	Pasco	28	87	26	108	2	25
39.	Pinellas	91	58	59	49	32	90
40.	Polk	154	80	110	71	44	117
41.	Putnam	43	90	18	71	25	111
42.	St. Johns	33	77	21	68	12	101
43.	St. Lucie	11	59	9	73	2	32
44.	Santa Rosa	13	39	12	43	1	18
60.	Sarasota	24	66	16	52	8	143
45.	Seminole	37	79	13	47	24	130
46.	Sumter	11	56	9	69	2	30
47.	Suwannee	19	54	11	47	8	67
48.	Taylor	19	66	11	53	8	101
61.	Union	7	60	5	59	2	63
49.	Volusia	45	54	36	61	9	37
50.	Wakulla	8	47	6	53	2	34
51.	Walton	22	58	13	43	9	111
52.	Washington	19	78	8	43	11	183

STUDY THIS CAREFULLY



LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

HOW ABOUT DOUBLING THE NUMBER OF WHITE COUNTIES FOR 1927?

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

Vol. 19 AUGUST, 1927 No. 8

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

HON. CHAS. H. MANN . . . . . President, Jacksonville
H. MASON SMITH, M.D. . . . . Tampa
WM. D. NOBLES, M.D. . . . . Pensacola

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*Vital Statistics	Stewart G. Thompson, D. P. H.
Communicable Diseases	F. A. Brink, M. D.
Engineering	Ellsworth L. Filby, C. E.
Child Hygiene and Public Health Nursing	Laurie Jean Reid, R. N.
Accounting	Screven Dozier
Crippled Children	F. L. Fort, M. D.

*550 Local Registrars (County list furnished on request).
*Emergency Registration Inspector — Beckie McLean

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Jacksonville	Pearl Griffith, B. E.
Miami	E. R. Powell
Pensacola	Janie B. Currie, B. S.
Tallahassee	Elizabeth Byrd, B. S.
Tampa	H. D. Venters, B. S.

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Jacksonville	B. C. Wilson, M. D.
Lake City	W. S. Nichols, M. D.
Lake Worth	M. T. MacAvelia, M. D.
Ocala	A. P. Harrison, M. D.
Orlando	C. E. Duffin, M. D.
Pensacola	D. S. Fraser, M. D.
Safety Harbor	Chas. W. Pease, M. D.
Tallahassee	L. L. Dozier, M. D.

DISTRICT SANITARY OFFICERS

HEADQUARTERS	NAME
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West Palm Beach	*Paul B. Marner, B. E.
Jacksonville	Fred Safay
Key West	W. J. Bartlum, D. D. S.
Miami	George Reed
Ocala	C. A. Holloway
Palatka	E. S. Talbott
Punta Gorda	G. A. Renney
Tallahassee	C. N. Hobbs
Tampa	D. H. Osburn
West Palm Beach	Russell Broughman

*Assistant Engineer

PUBLIC HEALTH NURSES

HEADQUARTERS	NAME
Jacksonville	†Byrtene C. Anderson, R. N.
‡Dade City	Helen A. Davis, R. N.
‡Dade City	Flora B. Williams, R. N.
‡Fort Myers	Beulah Hieber, R. N.
‡Lake City	Clio McLaughlin, R. N.
‡Marianna	Laura Niblock, R. N.
‡Melbourne Beach	Mary Corrothers, R. N.
‡Ocala	Mary G. Dodd, R. N.
‡Palatka	Elizabeth Smith, R. N.
‡Pensacola	Lula A. Davis, R. N.
‡Sebring	Jule Graves, R. N.

†Supervisors

‡Address all correspondence care State Board of Health, Jacksonville.

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

ANTI SNAKE BITE SERUM

Many times in the past few years we have seen in the papers accounts of people having been bitten by snakes, chiefly rattlers and moccasins. The greater part of these bites have occurred in rural sections, the victims being hunters, fishermen, cattle men or agricultural workers in nearly all instances.

Recently two items in the papers attracted my attention, both items telling of victims of bites from rattle snakes treated by the use of serum, with recovery in a very short time.

Very soon after the first notice appeared and in response to a request for information, a letter was sent to the doctor named as using the serum and he forwarded the request to the biological house supplying the serum.

The request for data regarding the serum was complied with and at my suggestion a number of circulars were sent in order that should anyone be interested we could supply all available material dealing with this subject.

Inasmuch as snake bites are not reportable there is no way in which we can give any estimate of the number of persons bitten but we would be very glad to receive reports of cases and of the results obtained by the treatment of any case with the serum. The records would be much more valuable if the report not only included the result but also data as to kind of snake, location of bite, emergency treatment given, length of time between bite and administration of serum, etc.

If those using this remedy will report these cases to us it will aid us to help others when they ask for information, and results obtained here mean more to our people than the results obtained elsewhere.

— F. H. N. —

NEW REGISTRARS APPOINTED

Number	Name	Address
20-07	W. L. Sanders	R. F. D. A, Caryville, Fla.
23-01	S. R. Langston	Mayo, Fla.
32-01	Miss Minnie Porter-Harris	Key West, Fla.
35-08	Oma H. Cranshaw	Bithlo, Fla.
46-05	J. S. Griffin	Webster, Fla.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

SEGREGATE THE SICK CHILD

A sick child has a better chance to recover, recovery will be more prompt and complications less likely if he can be kept quietly in bed and free from disturbances of other children.

A sick child should be kept in a room from which other children are excluded. When serious illness and death result from the admission of well children to the sick room the parents get scant comfort from the thought that they didn't know it was catching; hadn't been instructed, were too busy or just couldn't keep the other children out. Whatever the excuse there is no good reason, and failure to exclude well children from the sick room is well nigh criminal. The contagion or infection of the catching diseases is contained in some or all of the discharges from the patient **during the early stages of the disease.** In some diseases it is most abundant in the discharges from the nose and throat, in others the stool and urine contain the infection and in many diseases it is thrown off from the skin.

Any child can be sufficiently trained to obey when told not to enter the sick room. Such training and such precautions afford more protection in proportion to the expenditure of effort than almost anything else. A sick child is not segregated if any article, soiled by his discharges, is removed from the room before being disinfected. Even the hands of the attendant should be carefully cleansed with plenty of soap and water before they are used for any purpose other than serving the patient. All bedding, clothing, handkerchiefs, napkins, dishes, spoons, thermometers, remnants of food, bath water and all discharges should be so disinfected or disposed of that infection will not spread. Boiling, burning or the addition of chemical disinfectants may be used, each for its appropriate purpose.

A sick child should be under the doctors care. The doctor can, in due time, determine definitely whether the sickness is catching. Do not expect him always to make a diagnosis the first visit. The doctor can help much with the details of isolating and disinfecting, the quicker he sees the sick child the more he can do for it. It is false economy to refrain from calling the doctor until the illness is **evidently** serious. A sick child should be protected by screening from the annoyance of insects which may also carry infection to others in the family as well as to neighbors.

Prompt reporting of disease not only affords protection to neighbors but it may prevent more illness and death in your family. You must expect your doctor to report as the law requires. If he does not report yours, he is not likely to report other cases of communicable disease from which infection may come to you and yours.

— F. H. N. —

Dr. T. H. Johnston, Field Medical Officer, Marianna, resigned to accept the position of Health Officer for Coffee County, Georgia. He left on July 11th., and will assume his new duties after attending a health conference at Atlanta.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF EXAMINATIONS MADE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF JUNE, 1927

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1079	369	22	30	139	1639
Diphtheria	312	105	13	58	2	490
Typhoid	367	149	37	28	32	613
Malaria	308	147	41	34	45	575
Rabies	24	11				35
Tuberculosis	160	57	12	26	9	264
Gonorrhoea	358	222	19	65	3	667
Syphilis	2432	1054				3486
Water: Bacterial Exam.	.	48		65	1	114
Water: Chemical Exam.				95		95
Milk: Bacterial Exam.	38	144	39	271		492
Milk: Chemical Exam.	40	144	39	548		771
Miscellaneous	65	29		28	3	125
	5183	2479	222	1248	234	9366

Specimen Containers Distributed 6418

BIOLOGICAL PRODUCTS DISTRIBUTED DURING JUNE, 1927

Diphtheria Antitoxin	10,000 units	147	Packages
	5,000 units	35	Packages
Toxin Antitoxin		1,429	C. C.
Schicks		300	Tests
Tetanus Antitoxin	20,000 units	31	Packages
	10,000 units	39	Packages
	1,500 units	882	Packages
Antimeningococcus Serum		5	Cylinders
Typhoid Vaccine	Plain	194	Treatments
	Triple	4,561	Treatments
Vaccine Virus		3,091	Capillaries
Antirabic Virus		49	Treatments
Carbon Tetrachloride		2,139	Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE STATE LABORATORY, STATE BOARD OF HEALTH, JACKSONVILLE, FLORIDA

BUREAU OF CRIPPLED CHILDREN

F. L. Fort, M. D., Director

THE FLORIDA SOCIETY FOR CRIPPLED CHILDREN

The problem of the crippled child is quite a complex one. We can hardly realize the economic loss to the state every year from several hundred disabled children, who could be made self supporting citizens, instead of dependants. There is also a far reaching social problem in this large number of unfortunate individuals who are unable to meet life's problems. Their unhappy condition must eventually affect the lives of each of us in some way. Until recently there has been no one to champion their cause or take the initial steps to relieve their condition. We know that the majority can be either cured or greatly benefitted.

For several years the State Board of Health has attempted to reclaim some few of the most deserving cases, but our facilities are inadequate. We have only scratched the surface. Recently, however, other agencies have interested themselves in this great work. There are good reasons to hope that in the not too distant future no child in this state need grow into adult life with physical handicaps which could have been corrected.

The American Legion throughout the state has been considering what could be done for the crippled. Out of this agitation has developed the organization of the Florida Society for Crippled Children, which is a branch of the International Society for Crippled Children. The Florida Society for Crippled Children maintain their headquarters at St. Petersburg. Already they have in operation a convalescent home with accommodations for about twenty patients. A full time field agent and publicity man combined, is canvassing the state. This enterprise has the endorsement of the American Legion throughout the state, while the hospital is sponsored by the local post of St. Petersburg.

The first problem to be solved is a comprehensive survey of the entire state to determine how many deformed children we really have, where they are, and how much they can be reconstructed. Once these cold facts are determined, it seems unlikely that nothing will be done about it.

It is part of the plan of this state survey to have some representative of the Society visit and hold clinics in as many of the towns and cities throughout the state as possible. These clinics will be announced through the press, pulpit, schools and other publicity agencies. The majority can be "rounded up" in this way. The physicians, public health nurses and health officials of all kinds will be requested to report all crippled children in their territory. If all concerned will do their bit, then a fair estimate of the total number will be determined. Where such surveys have been made the number of cripples was much larger than anticipated.

BUREAU OF CRIPPLED CHILDREN.—Continued

The State Board of Health intends to co-operate with this undertaking to the extent of its ability. We are primarily interested in seeing our disabled citizens made whole whenever and however possible. Any organization that has the welfare of the crippled child as its goal, and that is able to properly care for them will be at least morally supported by the State Board of Health.

These facts are given to our readers in the hope that there will be whole hearted co-operation by all, in what we believe to be a worthy undertaking for the benefit of our crippled children.

— F. H. N. —

HERE AND THERE

Mrs. Laura Jean Reid, Director of the Bureau of Child Hygiene and Public Health Nursing, will begin a series of articles in next month's Health Notes pertaining to the service rendered by her Bureau.

Owing to a reduction in finances for the coming two years as compared with the previous year the work will be changed from a generalized service to a specialized service, and two separate services will now be promoted:

FIRST—Maternal and Infant Hygiene.

SECOND—State Rural Schools.

— F. H. N. —

FIGHTING MALARIA AMONG EMPLOYEES OF RAILROADS

"Chills and fever," once regarded as an unavoidable evil among employees of the railways operating in the malaria belt of the South, is fast being eradicated, declares Dr. Charles Layng in the July Hygeia, and the hospitals are no longer full of sufferers from malaria. The railroads now realize the economic importance of keeping their employees free from the disease.

A campaign of education, drainage, screening, mosquito killing and quinine distribution, similar to that which made the building of the Panama Canal possible, has been inaugurated under the direction of competent sanitary engineers.

Much effort was needed to combat the superstitions of the people, but good results have been obtained. In 1923 in one town the company physicians treated 228 employees and their dependents for malaria. In 1924 this number was reduced to fifteen and 1925 to four. In addition to the work with the railroad employees, the towns and villages along the line are being supplied with oil and sanitary engineers and more and more of them are coming under the malaria control scheme each month.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

MARRIAGE AND DIVORCE RECORDS CENTRALIZED



Florida is among the leading States in looking after the welfare of her citizens. Marriage and divorce figures are received by the United States Bureau of the Census from Central Bureaus in thirteen States. Florida will therefore be the fourteenth State to measure up to the standards required.

Statutes are now on the books providing for complete vital statistics records in this State. In 1917 the Vital Statistics Law went into operation, in 1919 the State was admitted into the United States Death Registration Area, in 1924 the State was admitted into the United States Birth Registration Area, and now in 1927 the marriage and divorce records have been centralized.

A uniform marriage license blank has been prepared and approved by the officers of the State Judges Association, and will be used exclusively by County Judges when issuing marriage licenses. A great deal of time and effort has been put into the preparation of this uniform marriage license blank and it has been gratifying to receive many commendations on the form since it has been inspected by the County Judges.

The records are not entirely confined to those established in this State. During the first month this law was in operation three records of marriage licenses issued in other States for citizens of Florida have been received by this Bureau.

The enthusiasm of the County Judges in putting into operation this new law is another indication that the officials in this State have the welfare of the citizens at heart. (House Bill No. 404, follows.)

REGISTRATION OF THOSE PRACTICING THE HEALING ART

Through the efforts of the Florida Medical Association and the assistance of other organizations and friends a law has been passed requiring the registration of every license to practice medicine, osteopathy, chiropractic, naturopathy, midwifery and every other medical or material method of practicing the healing art. This will create a centralized record in the State making information accessible which has not up to the present time been available. It will also silence some criticisms that "No one knows how many doctors there are in the State and that a complete record is not kept. (Senate Bill No. 75, page 122.)

HOUSE BILL NO. 404

An Act enlarging the powers of the Bureau of Vital Statistics: Providing for the registration with said Bureau of marriages and divorces and the method thereof: The imposition and distribution of a charge therefor; and imposing of certain duties and obligations upon

BUREAU OF VITAL STATISTICS—Continued)

the several County Judges of the State of Florida, and remuneration therefor.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

SECTION 1. That upon the issuance of each and every marriage license issued by any County Judge in the State of Florida, such County Judge shall in addition to the fee allowed by Section 3933, General Revised Statutes of Florida, collect and receive an additional fee of $1.00.

SECTION 2. That upon the return of each marriage license to the issuing County Judge as provided by Section 3933, General Revised Statutes of the State of Florida, so issued under Section 3933, General Revised Statutes of the State of Florida, the issuing County Judge shall forthwith record the same, and shall, on or before the fifth day of each month, transmit all the original licenses with endorsements thereon, received by him during the preceding calendar month, to the Bureau of Vital Statistics. Provided that as to any marriage licenses issued and not returned to the issuing County Judge and/or any marriage licenses returned to the issuing County Judge and not recorded by him so as to be transmitted to the Bureau of Vital Statistics, as in and by this Section provided, such issuing County Judge shall report the same to the said Bureau at the time of transmitting the recorded licenses on the forms, to be prescribed, and furnished by said Bureau.

Provided further that if no marriage licenses are issued and/or returned to the issuing County Judge to be transmitted or reported to said Bureau, as by this Section provided, said issuing County Judge shall report such fact to said bureau upon forms prescribed and furnished by it.

SECTION 3. That on or before the fifth day of each month the several County Judges of the State of Florida shall transmit to the Bureau of Vital Statistics Seventy ($.75) Cents of the each One ($1.00) Dollar collected by him under the provisions of Section 1, of this Act, during the preceding calendar month retaining the remaining Twenty-five Cents of the each One ($1.00) Dollar so collected as his compensation.

SECTION 4. That on or before the fifth day of each month, the several clerks of the Circuit Courts of the State of Florida, shall transmit to the Bureau of Vital Statistics, on forms prescribed and furnished by it, a record of each and every decree of divorce granted by said Courts during the preceding calendar month, giving names of parties and such other data as required by such forms. Twenty-five cents, the cost of such reports, to be taxed as a part of the cost in the cause in which the decree is granted, the same to be collected by said Clerk as such.

SECTION 5. That the records of marriages and divorces obtained under the provisions of this Act shall be compiled, kept and preserved as are other vital statistics under the provisions of Chapter 6892, Laws of Florida.

BUREAU OF VITAL STATISTICS—Continued)

SECTION 6. That a certified copy of any marriage license on file with the Bureau of Vital Statistics shall be furnished, upon payment to said Bureau of a fee of Fifty ($.50) cents for each certified copy. That any certified copy so furnished by said Bureau, signed by the Registrar of the Bureau of Vital Statistics, under the seal of the State Board of Health, shall be received as evidence in any of the Courts of this State.

SECTION 7. That all forms used in the issuance of marriage licenses in this State shall be prescribed and furnished by the Bureau of Vital Statistics.

SECTION 8. That a true and correct account of all sums transmitted to the Bureau of Vital Statistics by the several County Judges of the State of Florida, under the provisions of Section 3, of this Act; as well as of all sums received by said Bureau under the provisions of Section 5 of this Act, shall be kept by said Bureau and said Bureau shall each month transmit such funds so received by it to the State Treasurer; that the State Treasurer shall place said funds so transmitted to him to the credit of the State Board of Health Fund, for the use of the Bureau of Vital Statistics.

SECTION 9. That all laws or parts of laws in conflict with the provisions of this Act, be and the same are hereby repealed.

SECTION 10. That this Act is to take effect upon its passage and approval by the Governor, or becoming a law without such approval.

Approved by the Governor, June 6, 1927.

SENATE BILL NO. 75

AN ACT to Require the Registration of All Physicians, Surgeons, Osteopaths, Chiropractics, Naturopaths, Midwives and All Other Practicing the Medical and or Material Healing Art in the State of Florida; to Provide fees for the Same and Penalties for Violation.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

SECTION 1. That from and after the passage of this Act every license to practice medicine, osteopathy, chiropractic, Naturopathy, Midwifery and every other medical and or material method of the practice of the healing art shall before the licensee begins practice thereunder be recorded in a book for that purpose in the office of the Clerk of the Circuit Court of the County in which he resides, or in which such practice is intended to be carried on with the name, residence, place and date of birth of the licensee and the source, number and date of his license to practice. Before registering, each licensee shall file, to be kept in a bound volume, in the office of the Clerk of the Circuit Court an affidavit of the above facts and also that he is the person named in such license and had before receiving the same complied with all the requirements as to examination required by law; that no money was paid for such license except the regular fee paid by all applicants therefor; that no fraud, mis-representation or mistake in any material regard was employed by anyone or occurred in order that such license should be granted. The Clerk's

BUREAU OF VITAL STATISTICS—Continued)

fee for recording such license and affidavit shall be the same as for recording a deed. The Circuit Clerk of each County shall make and report to the Secretary of the State Board of Health on the 31st day of December of each year of all certificates registered by him.

SECTION 2. That every person now lawfully engaged in the practice of medicine, osteopathy, chiropractic, naturopathy, midwifery and other medical and or material systems of healing and every other person hereafter duly licensed to practice the same shall, on or before the 1st day of January of each year, apply to the Secretary of the State Board of Health for a Certificate of Registration upon a blank form to be furnished by such Secretary and shall pay at such time a fee of One ($1.00) Dollar.

SECTION 3. That every person in making his first registration hereunder, shall write or cause to be written upon the application blank so furnished by the Secretary of the State Board of Health, his full name, post office and residence address, the date and number of his license and such other facts for the identification of the applicant as a licensed practitioner as may be deemed necessary and shall duly execute and verify the same before an officer authorized to take acknowledgements of deeds, and shall file the same with the Secretary of the State Board of Health. Registration subsequent to the first registration need not be upon the sworn application unless the Board of Health in particular case, for reasons satisfactory to them, may require that the application be under oath.

SECTION 4. That the Secretary of the State Board of Health, on or before October 1st of each year after the first registration shall mail or cause to be mailed to each person so registered a blank form of application for registration, addressed to the last known post office address of such Registrant. The form of such application shall be such as to contain space for the insertion by the applicant of the information required by the provisions of this Act.

SECTION 5. The Secretary of the State Board of Health shall issue to any duly licensed physician, osteopath, chiropractor, naturopath, midwife and others duly licensed by any State Board to practice the medical and or material healing art upon his application therefor, in accordance with the provisions hereof, a Certificate of Registration under the seal of the Board for the year ensuing and ending December 31st.

SECTION 6. Every holder of Registration Certificate granted hereunder, shall conspicuously display the same in his office at all times.

SECTION 7. Any person who fails or neglects to register as required by the provisions of this Act, or who shall violate the provisions of this Act, shall upon conviction thereof, be punished by fine of not more than Fifty ($50.00) Dollars.

SECTION 8. This Act shall take effect immediately upon its passage and approval by the Governor, or upon its becoming a law without such approval.

Approved by the Governor, May 28, 1927.

"FOOD" FOR THOUGHT



HOW IS YOUR FOOD PROTECTED?

LIBRARIAN HYGIENIC.
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25TH & EAST STREET
WASHINGTON, D.C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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Vol. 19 SEPTEMBER, 1927 No. 9

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER

Jacksonville

THE BOARD

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Accounting	Screven Dozier
Crippled Children	F. L. Fort, M. D.

*550 Local Registrars (County list furnished on request).

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HEADQUARTERS	NAME
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‡Pensacola	Lula A. Davis, R. N.
‡Madison	Jule Graves, R. N.

†Supervisors

‡Address all correspondence care State Board of Health, Jacksonville.

DISAPPOINTED BUT NOT DISCOURAGED

During the next two years it will be necessary for us to curtail our activities greatly for the legislature saw fit to reduce our force and resources.

Even with our previous force working at top speed, it has been impossible to accomplish all we would desire but we have tried faithfully to render the best service possible to the people in all parts of the State and we will continue to do this to the limit of our funds and personnel.

In order to keep within our budget allowance for biologics, it will be necessary for us to give up supplying some entirely and even at that there is the possibility that the amount allowed may be insufficient to last through the year as during the calendar year of 1926 we expended more for vaccine virus alone than the 1927 legislature allowed us for all biologics.

In personnel the cut includes five medical officers, four nurses, one assistant engineer and four sanitary inspectors, not one of whom has been with us less than eight months, nearly all of them well over a year and at least one over two years. Last year our field workers averaged about six counties to the worker but by the next year's allotment some workers will be obliged to cover more than a dozen counties and this applies most specifically to the medical officers for only five of the present ten were allowed.

During the past year we have been able to do more than ever before and we keenly regret that we will not be able to push the immunization work that the people are asking for in all parts of the State. We will, of course, do all we can but it goes without saying that five men cannot answer the same number of calls that the present force of ten have been able to do.

It is also easy to understand that the allowance for biologics would demand a reduction in the number of immunizations for in the last calendar year we spent over three times the amount for biologics allowed for the coming year.

The cut in the nursing and sanitary forces means that each worker must cover more territory than at present and we will not be able to give as prompt attention to many requests as we are now able to do but every member of the staff who is allowed by the budget will do his or her level best for the health and safety of the people of our State.

—— F. H. N. ——

NEED MEDICAL ADVICE TO FIND TUBERCULOUS A JOB

When the patient with tuberculosis leaves the sanatorium, his first problem is one of adjustment to the environment of every day life; his second is the choice of an occupation. For this he must have medical advice, not only as to the kind of work to do but as to how the work affects him after he begins it, declares an editorial in Hygeia, the health magazine published by the American Medical Association.

The question of hours, wages, working conditions, type of work and provisions for his future, in case he should suffer a relapse, all need to be considered when he starts working.

BUREAU OF COMMUNICABLE DISEASES

F. A. BRINK, M. D., Director

MALARIA

The control of malaria began with the discovery of the part played by the mosquito in its transmission. Previous to the time of this discovery many theories that now seem ridiculous were offered to explain the cause of the disease. From one of these theories comes the name malaria—bad air.

Malaria has been and, to a certain extent, is still a disease of very great economic importance because it renders its victims incapable of work or reduces their efficiency for long periods. It is rather prone to attack the poor and undernourished, hence malaria, inefficiency and poverty form a vicious circle, each increasing the others, and a community heavily infected with malaria seldom regains a good economic status without outside help. No industry can thrive if, among the employees, there is great loss of time, loss of efficiency and labor turnover on account of illness from malaria. With malaria there is usually an associated increase of illness from other causes. It follows that happiness and wealth are not to be sought where malaria prevails.

Surgeon General Hugh S. Cumming has recently stated that "We already know how to prevent malaria much better than we know how to prevent other major infections." By constant study and investigation, important additions are being made to our knowledge of this disease. So simple and accessible are the curative and preventive measures, that malaria would soon become very rare or disappear altogether but for the listlessness of its victims.

What To Do

Malaria may be contracted only from the bite of an anophelene mosquito ten to fourteen days or longer after it has fed on the blood of a malaria patient. To avoid malaria, then, one must avoid such a bite.

The essentials of a malaria and mosquito control program have been aptly stated with but four words— SCREEN, DRAIN, OIL, STOCK. These are all directed against the insect carrier of the malarial organism. Screens are used to prevent mosquitoes from feeding on the blood of malaria patients and to keep them from inoculating well people. The ponds, etc., in which they breed may be drained, oiled or stocked with fish to break up their breeding places. Without regard to its value as a health measure such activity returns large dividends in the form of personal comfort and freedom from the annoyance of pestiferous mosquitoes. Any person or group can, by a little effort, greatly reduce the mosquito population in any locality. Numerous bulletins have been published telling in detail how to go about it. A very good one may be had from the State Board of Health for the asking.

To the four essentials stated above may be added TREATMENT. A patient should take his quinine (not chill tonics) under the direction of his physician until he is cured and not likely to have a re-

BUREAU OF COMMUNICABLE DISEASES—(Continued)

lapse or act as a reservoir from which a stray mosquito may transmit infection to others. Your doctor, modest to a fault and reluctant to intrude with over much advice, is well versed in the methods of effecting a complete cure and of protecting the family, but you will have to do your part. He cannot cure you if you leave off treatment as soon as you feel alright and miss a chill or two. You may have to ask questions but if you try you will be surprised to know what a wealth of information can be had from him.

Write the State Board of Health for free bulletins.

— F. H. N. —

SCHOOL DAYS

With the opening of school and the mingling of children who have been separated during vacation there is often an increased prevalence of communicable diseases. A great many Florida children have been protected by inoculation from diphtheria, typhoid and smallpox. Those not yet immunized should go to the family physician. It is much better to be safe than sorry.

COMMUNICABLE DISEASES DIMINISHED

The present relative freedom of Florida from typhoid fever as compared with reports from certain other parts of the country and a reduction of 18 deaths from this disease during the first five months of this year as compared with the same period last year is believed to be be due very largely to the untiring efforts of the State Board of Health in immunization, sanitation and education. Truly public health is purchasable.

BUREAU OF CRIPPLED CHILDREN

F. L. Fort, M. D., Director

"FLAT FEET" (Pes Planus)

This is the most common human deformity. Both children and adults are sufferers. The condition results from one or more of three causes. Over weight is usually a self evident and always a predisposing cause of flat feet.

Weak or sub-normal muscles of the legs and feet is frequently the cause of fallen arches. This is the case of many poorly nourished babies just beginning to walk. Muscles may become weak from many causes, including injury, undernourishment, and disease of any kind. This is true of adults and children.

The third and most common cause of fallen arches is over use. Young children play all day without stopping to rest. Many people stand twelve to sixteen hours per day with almost no rest for the feet. Standing still is worse than walking because the blood stagnates. Clerks and those standing on concrete floors all day are the worst

sufferers. The wonder is that more of us are not disabled.

Unfortunately most cases go neglected, because life is not endangered. With a moderate amount of intelligent care the majority of foot ailments could be avoided. Following are listed a few suggestion in the care of feet.

Walking should be done with the feet paralleled, or toes pointing straight ahead. All bad flat feet walk with the toes pointing outward, which is wrong. If the baby's ankles are weak, high top laced shoes should be worn. No one with flat feet should go barefooted across the room or hard beach, except on the tip toes. This is a good exercise for weak arches. Bedroom shoes without heels should not be worn at all.

The shoes should be rather stout, and fit snugly under the instep. Shoes with built in arches are preferable. When the foot rolls inward, as is the usual case in flat feet, the shoe heel should be elevated on the inner side. The inside heel should be 1/8 inch thicker than the outer side for children and 1/4 to 3/8 inch thicker for adults.

This simple procedure throws the body weight to the stronger outer side of the foot, and lessens the arch strain. Rest periods of 15 to 30 minutes should be religiously observed by those who are obliged to be on their feet all day.

It is only the severest cases that require special shoes, arch supports, or operations to cure them.

BUREAU OF ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

NEW TOURIST CAMP LAW, CHAPTER 12419 (No. 614)

AN ACT Regulating the Operation and Maintenance of Tourist Camps; Giving to the Owners or Keepers thereof Liens in Certain Cases, and Prescribing the Manner in Which the Same may be enforced; Empowering the State Board of Health to Issue Permits to Operate such Camps, and Power to Revoke the same; Authorizing the State Board of Health to make Rules and Regulations Relating to the Operation of Such Camps, and Prescribing Penalties in Certain Cases.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF FLORIDA:

SECTION 1. A Tourist Camp is hereby defined and declared to be any place where three or more tents, tent-houses or camp cottages are located or set up within a distance of fifty feet of each other, and maintained by any person, firm or corporation for use most generally by transients. Nothing in this Act shall apply to municipally owned tourist camps or colonies.

SECTION 2. No person, firm or corporation shall establish, or maintain any tourist camp in this State without first obtaining a

BUREAU OF ENGINEERING—(Continued)

permit therefor from the State Board of Health, and the State Board of Health shall have the power to revoke any permit issued to any person, firm or corporation, operating or maintaining a Tourist Camp upon the failure of such person, firm or corporation to comply with the provisions of this Act or the rules and regulations made and promulgated by the State Board of Health. Any person or firm or in case of a corporation, the officers thereof, who shall maintain a tourist camp without first obtaining such permit, or shall maintain the same after the revocation thereof, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine not exceeding three hundred dollars, or imprisonment not exceeding three months.

SECTION 3. Application for such permit shall be made in writing to the State Board of Health. The Application shall state the location of the existing or proposed camp, type of camp, approximate number of persons to be maintained, the probable duration of use, the proposed water supply for such camp and the proposed method of sewerage and garbage disposal.

SECTION 4. That if the State Health Officer is satisfied, after causing an inspection to be made, that the existing or proposed tourist camp will not be a source of danger to the health of others or its occupants, he shall issue in the name of the State Board of Health the necessary permit in writing on a form to be prescribed by the State Board of Health.

SECTION 5. The State Board of Health shall have general supervision of the health and sanitary conditions of all tourist camps located in this State, and shall have the power to make, promulgate and enforce such rules and regulations as may be necessary for the preservation of the same.

SECTION 6. Suitable garbage containers of a kind to be approved by the State Board of Health, shall be provided at convenient points in all tourist camps for the disposal of garbage and refuse, and all garbage and refuse shall be deposited therein. Any occupant or tenant of a tourist camp who throws garbage or refuse of any kind upon the ground in such camp shall be guilty of a misdemeanor, and upon conviction shall be punished by a fine not exceeding twenty-five dollars or by imprisonment not exceeding ten days.

SECTION 7. That no tent, tent-house or camp cottage shall be set up, built or erected in any tourist camp at a distance nearer than ten feet to any other tent, tent-house or camp cottage. And anyone operating or maintaining a tourist camp violating the provisions of this section shall be guilty of a misdemeanor and upon conviction shall be fined in a sum not exceeding ten dollars or by imprisonment not exceeding ten days; that the offense hereby defined shall be a continuing one, and anyone violating the provisions thereof shall be prosecuted from time to time and until the provisions of this section shall have been complied with.

SECTION 8. That cats, dogs, or other animals shall not be permitted to run at large in any tourist camp, but shall at all times be securely leashed, and any person owning or having in his posses-

BUREAU OF ENGINEERING—(Continued)

sion and under his control any dog, cat, or other animal who shall permit the same to run at large in such camp, shall be guilty of a misdemeanor and upon conviction shall be punished by a fine not exceeding ten dollars or imprisonment not exceeding ten days.

SECTION 9. It shall be the duty of the occupant or tenant of any tent, tent-house, or camp cottage in any tourist camp to immediately report to the person in charge of such camp or the local or State Health Authorities every case of sickness in his or her tent, tent-house, or camp cottage. And any person who shall fail to make a report of such sickness as aforesaid, shall be guilty of a misdemeanor and upon conviction thereof, shall be punished by a fine not exceeding twenty-five dollars or by imprisonment not exceeding thirty days.

SECTION 10. That any person or persons who shall obtain quarters or living accommodations at any tourist camp, with intent to defraud the owner or keeper thereof, shall be guilty of a misdemeanor, and upon conviction shall be punished by a fine not exceeding $10.00 or by imprisonment not exceeding ten days. Provided that the provisions of this section shall not apply where there has been an agreement in writing for delay in payment for a period to exceed ten days.

SECTION 11. That liens prior in dignity to all others shall exist in favor of owners, operators or keepers of tourist camps for the rent owing by, and for money or other property advanced to any occupant thereof upon the goods, chattels or other personal property of the occupant of such camp. Upon the non-payment of such sums in accordance with the rules of such camp, and for failure to observe any provision of this Act, or the rules and regulations prescribed by the State Board of Health, the owner, operator or keeper thereof, may instantly eject such occupant or occupants therefrom; that the liens hereby created in favor of owners, operators or keepers of tourist camps may be enforced in the same manner as is now or may hereafter be provided by law for the enforcement of liens in favor of keepers of hotels and boarding houses. Nothing in this Section, however, shall prevent owners or operators of tourist camps from enforcing any claims for rent under and in the manner provided by the Landlord and Tenant Acts of this State.

SECTION 12. That it shall be the duty of the State Board of Health to post at one or more places in every tourist camp in this State a copy of the provisions contained in this Act, and such other rules and regulations that the State Board of Health may from time to time make and promulgate relating to the health and sanitation in such camps.

SECTION 13. In case any Section or Sections of this Act are declared unconstitutional the same shall not invalidate any other section herein contained.

SECTION 14. This Act shall take effect upon its becoming a law. (Approved by the Governor June 6th, 1927.)

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF JULY, 1927

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	654	447	56	72	42	1271
Diphtheria	130	160	12	65	3	370
Typhoid	412	158	33	54	47	704
Malaria	347	142	28	16	74	607
Rabies	21	13		1		35
Tuberculosis	188	99	25	32	11	355
Gonorrhoea	345	232	13	63	10	663
Syphilis	2275	822				3097
Water: Bacterial Ex.		41		205		246
Water: Chemical Ex.				236		236
Milk: Bacterial Ex.	39	200		259		498
Milk: Chemical Ex.	43	201		541		785
Miscellaneous	94	30		93	5	222
	4548	2545	167	1637	192	9089

Specimen Containers Distributed 4750

BIOLOGICAL PRODUCTS DISTRIBUTED DURING JULY, 1927

Diphtheria Antitoxin	10,000 units	74 Packages
	5,000 units	36 Packages
Toxin Antitoxin		2,200 C. C.
Schicks		150 Tests
Tetanus Antitoxin	20,000 units	4 Packages
	10,000 units	7 Packages
	1,500 units	1,205 Packages
Typhoid Vaccine	Plain	552 Treatments
	Triple	3,920 Treatments
Vaccine Virus		1,950 Capillaries
Antimeningococcus Serum		4 Cylinders
Antirabic Virus		60 Treatments
Carbon Tetrachloride		1,751 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE STATE LABORATORY, STATE BOARD OF HEALTH, JACKSONVILLE, FLORIDA

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

TO A GRADUATE NURSE

Unconventional Views of Life
By
GLENN FRANK
President, University of Wisconsin

"Last night I sat upon a platform and watched a half hundred nurses receive recognition of their successful completion of three years of rigorous training.

The work of the trained nurse seems to me to fit the four requirements of an ideal task:

It has difficulty enough in it to give one a sense of adventure while doing it and a sense of mastery when it is done.

It has variety and routine mixed in the right proportions.

It gives one a sense of creating something that can be claimed as a personal accomplishment.

The trained nurse comes into contact with humanity when it is face to face with the age-old problem of pain. And since men may be made or broken by the way they face pain, this means that the trained nurse ministers to humanity in some of its most critical and creative hours.

The trained nurse can supplement the doctor's ministry to the patient's body with a more subtle ministry to the patient's mind. In her more intimate relation to the patient the nurse is in a particularly favorable position to recognize the too often overlooked fact that the mind hath a medicine chest upon which the practitioners of the healing art do well to draw.

If the trained nurse sees and seizes these alluring opportunities for a service that gives her the fullest self-expression and if she can contrive to cultivate a light spirit in the midst of her ministry to spirits that are burdened, she may congratulate herself on her choice of a profession."

—Chicago Daily News. July 5, 1927.

— F. H. N. —

HAVE YOU READ

"Opening Doors?" It is a pamphlet by Dr. John Thompson and published by Oliver and Boyd, Edinburgh. It is described as "A Little Book for the Mothers of Babies who are long in learning to behave like other children of their age."

The pamphlet discusses the child who is physically inactive, the one who is slow to talk, and walk, the stiff-limbed child, and the mentally retarded child. Dr. Thompson stresses the importance of early recognition of the unusual child for he states that "The sooner their minds are aroused to take an interest in their surroundings, the further is their improvement likely to go."

The importance of perfecting the things that the child can do and of using them as a basis for further training is brought out, also

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

the fact that the child should be encouraged to do for himself everything he possibly can as this will increase his chances of happiness and prevent turning upon himself and so becoming discontented and unhappy.

Very practical suggestions are given to mothers. The author is appreciative of the endless patience, kindness and understanding that this care requires. He points out that very surprising results are obtained sometimes, insofar as the development of the child is concerned and furthermore the positive value to the mother in growth and knowledge of her child, in courage and endurance which comes from intelligent care of this child.

NUTRITION NEWS

By

EDITH M. BARBER
Food and Nutrition Consultant

In preparing food for the family it should be remembered that green celery, cabbage and lettuce contain more vitamines than the bleached vegetables. For this reason the outside leaves which are in good condition should not be thrown away. Lettuce may be shredded with the scissors and used for salad or for sandwiches, or it may be cooked and served green. Green celery may be cut in cubes, cooked and served with white sauce (the hotels call it "Braised Celery" and charge fifty cents a portion), or it may be cooked in the oven with meat stock. If cabbage is cut very fine with the scissors, the children may have it for a salad with a little lemon juice for a dressing. If cooked without a cover and only about ten minutes, cabbage will not develop the acid which makes it dark in color, strong in odor, and difficult of digestion.

— F. H. N. —

A GOOD HOT LUNCH

For the School Children and the rest of the family.

Milk Vegetable Soup
Toasted Crackers Brown Bread Lettuce Sandwiches
Baked Apple Stuffed with Dates

RECIPE FOR MILK VEGETABLE SOUP

2 tablespoons butter
½ cup diced potatoes
1 tablespoon minced onion
Salt
½ Cup shredded carrots
½ Cup diced celery
3 Cups milk
Boiling water to cover
2 tablespoons minced celery leaves

Melt the butter and cook the onion in it about ½ minute, add the vegetables, boiling water and salt and cook until vegetables are tender. Add the milk and more seasoning, if necessary. Add the minced celery leaves. Heat and serve at once.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

LET US PREVENT DISEASE FOR THE ECONOMY IF NOT FOR HUMANITY

Health Maxims

Preventable diseases cost Florida millions of dollars annually. Why should not Florida practice the economy of putting up a strong fight against disease?

Insanity comes entirely out of disease. Much of the disease can be prevented. Why not prevent, as far as we may, the diseases which cause insanity? Is it economy to spend millions for the care of the insane when for a comparatively small sum they may be kept sane and useful citizens?

Herbert Spencer said: "The government which does not diligently protect the health of its citizens is neither intelligent nor moral."

Neglect the nation's health if you wish to make it decadent.

To increase taxes, neglect the public health.

Would you lower taxes? Then you must prevent disease; for much of our taxes is assessed on account of preventable diseases. Let us prevent.

It is crazy extravagance to propagate criminals, insane, epileptics, paupers and delinquents, as we now are doing.

Hygiene can cut down the number of members of these classes. Is it our high intelligence which keeps us from employing hygiene?

Disraeli said: "The care of the public health is the first duty of a statesman. God give us a statesman."

Conserve the public health and then conservation of natural resources will naturally follow.

Raise the health of the farmer and he will do the rest.

Disease is our greatest enemy and although it may largely be prevented we do not strive for the ounce of prevention which is worth a pound of cure.

Apologies to Indiana State Board of Health Bulletin.

LIBRARIAN HYGIENIC,
LABORATORY,
25TH. & EAST STREET,
WASHINGTON, D.C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
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Vol. 19 OCTOBER, 1927 No. 10

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

THE BOARD

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Child Hygiene and Public Health Nursing	Laurie Jean Reid, R. N.
Accounting	Screven Dozier
Crippled Children	F. L. Fort, M. D.

*550 Local Registrars (County list furnished on request).

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Tallahassee	Elizabeth Byrd, B. S.
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Pensacola	D. S. Fraser, M. D.
Tallahassee	A. T. Harrison, M. D.
Tampa	Chas. W. Pease, M. D.

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Tampa	D. H. Osburn
West Palm Beach	Russell Broughman

*Assistant Engineer

PUBLIC HEALTH NURSES

Address all correspondence care State Board of Health, Jacksonville

HEADQUARTERS	NAME
FIELD SUPERVISOR	
Jacksonville	Byrtene C. Anderson, R. N.
SHEPPARD-TOWNER	
Ft. Myers	Beulah Hieber, R. N.
Kissimmee	Mary Corrothers, R. N.
Leesburg	Flora B. Williams, R. N.
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Jacksonville	Mary G. Dodd, R. N.
Jacksonville	Clio McLaughlin, R. N.
Jacksonville	Laura Niblock, R. N.

ADMINISTRATION

B. L. Arms, M. D., State Health Officer

DIPHTHERIA

The opening of the schools in the fall bringing together children who have spent the weeks of the summer vacation at widely varying points is a season that is frequently accompanied by a rise in the number of cases of the acute infectious diseases and especially is the rise noticed in the number of cases of diphtheria.

For the past few years we have been trying to avoid this increase by offering immunization to as many as possible and in some communities they have a large percentage of children who will not contract this disease even if exposed for they are protected against infection by even the very virulent strains of diphtheria.

Only a few years ago we had a splendid illustration of the value of the administration of toxin antitoxin when a pupil in one of the schools was found by culture to be harboring diphtheria bacilli and knowing that he had received the T-A the previous year we wondered if the organisms were virulent and tested them by use of guinea pigs and found they were so virulent that they killed the pigs in 48 hours.

This boy at no time had any symptoms of diphtheria and it was twenty-two days from the time the diphtheria bacilli were first found before we were able to get negative cultures. It is certainly fair to assume that he would have had the disease diphtheria had it not been for the fact that he had been immunized the previous year.

T-A does not give immediate protection as it takes three or four months for immunity to develop, hence now is the time to see that our children are protected and not after exposure.

Parents are responsible for the welfare of their children and we now have the means to protect them from this disease.

The best time for the inoculation is between six months and one year of age for the greatest mortality is below five years of age. During the first few months of life the infant has protective substances from the mother, hence it is not advised to use the T-A until the sixth month. After the sixth year it is wise to test first to find who is immune and thus we may know not only who is susceptible but just as important who is not and after T-A treatment the children should be tested, after not less than four months. to find if immunity is established as in a small percentage of cases a second series is needed and only after a negative Schick test can we feel certain that we have rendered the case safe from diphtheria.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

A reduction of the field forces of the Communicable Disease Bureau to one half its former strength, in accordance with the authorized budget, has been effected. A rearrangement of the 67 Florida counties into five districts and the establishment of headquarters at strategic points, whence all of each district may be reached with a minimum of travel, has also been completed.

Although it will be impossible, on account of the added travel, to render as effective service as was rendered during the past year when there were ten doctors in the field and the districts were but half as large as now, every man in the bureau will strive to prevent the spread of communicable diseases in Florida and do all in his power in this and other ways to prevent sickness and promote health.

To accomplish this object the cooperation of the public and the medical profession, which has been so splendid in the past, will be even more necessary now.

Although our response to calls for help may at times be delayed, the spread of disease may and, no doubt, will be prevented by precautions taken voluntarily by patients, members of families attending patients, nurses and doctors in compliance with the letter and spirit of the law and the rules of the State Board of Health.

If the doctors and others having knowledge of cases or suspected cases of communicable disease, will report promptly, the action of the State Board of Health will also be prompt. Great benefit will come to the community and state by preventing epidemics and the medical officers will have more time for constructive health work.

ASSOCIATION OF MEDICAL FREEDOM

There are certain safe and well established methods of preventing communicable diseases by inoculation or vaccination. If adults only were affected by their refusing immunization for themselves or their children, medical freedom would not be so bad, but when little children are scarred with smallpox or allowed to choke to death with diphtheria, then it is time to call a halt.

The Ohio Health bulletin reports that medical freedom prevailed in Ohio to the extent of 13 cases of smallpox in one family, all at the same time.

Florida recently had ten cases reported in one family. It is truly loathsome and easily prevented.

DIPHTHERIA

If your doctor did not give your first grade child his three treatments for preventing diphtheria before the opening of school, now is the time. The feeling of security is well worth the trouble.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF AUGUST, 1927

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	704	378	52	53	71	1258
Diphtheria	267	85	15	53	7	427
Typhoid	443	161	67	20	22	713
Malaria	1077	148	56	17	37	1335
Rabies	26	6		4		36
Tuberculosis	189	95	20	21		325
Gonorrhoea	361	197	16	58	3	635
Syphilis	2517	744				3261
Water: Bacterial Ex.		59		223		282
Water: Chemical Ex.				241		241
Milk: Bacterial Ex.	68	270	5	211		554
Milk: Chemical Ex.	73	271	5	451		800
Miscellaneous	132	40	5	179	6	362
	5857	2454	241	1531	146	10229

Specimen Containers Distributed 7096

BIOLOGICAL PRODUCTS DISTRIBUTED DURING AUGUST, 1927

Diphtheria Antitoxin	10,000 units	166 Packages
	5,000 units	23 Packages
Toxin Antitoxin		1,125 C. C.
Schicks		500 Tests
Tetanus Antitoxin	20,000 units	9 Packages
	1,500 units	608 Packages
Typhoid Vaccine	Triple	4,078 Treatments
	Plain	7 Treatments
Vaccine Virus		1,508 Capillaries
Antimeningococcus Serum		6 Cylinders
Antirabic Virus		47 Treatments
Carbon Tetrachloride		1,685 Capsules

BUREAU OF CRIPPLED CHILDREN

F. L. Fort, M. D., Director

"TORTICOLLIS" or Wry Neck

This deformity is a very conspicious one, but fortunately it is rarely seen. Because of the eye strain due to loss of focus, and to the spinal curvature, it should be corrected whenever possible.

Wry neck is divided into two classes. Those already existing or resulting from injury at birth are called congenital. Rarely we find defective development of the bones of the cervical spine. More often the tissues on one side of the neck are shorter and less elastic than on the opposite side. Some authorities believe this is due to a distorted position of the head in the womb before birth. Injury to the neck muscles during birth seems to be the most frequent cause. The prominent rope-like muscle on the sides of the neck, called the sterno-mastoid, is the one usually found in fault. It is smaller, harder and shorter than its fellow of the opposite side, and stands out more prominently.

The symptoms of wry neck are usually quite evident. The head is inclined to one side, with rotation of the face toward the opposite side. The shoulder on the affected side may be elevated. There is some curvature of the spine always. The tissues feel tight when the head is forced in the opposite direction. There is no pain, and tilting of the head forward and backward is not limited. In cases of long standing, the upper or prominent side of the face is over-developed.

Besides the congenital type, some few cases of wry neck are acquired after birth. The most common causes are inflamed cervical lymph glands, arthritis of the cervical spine, and reflex irritation from diphtheria, mumps, abnormal teeth, etc. Defective vision occasionally is a cause of wry neck. Paralysis of the neck muscles from any cause may permit the stronger muscles to pull the head over toward that side. In these acquired cases of wry neck, the cause can usually be found and corrected.

The congenital cases do not improve without treatment. Adults, who have had the deformity since infancy can hardly be cured, because of the distortion of the bones of the cervical spine. An X-ray examination of the cervical spine should always be made before beginning treatment. In young children and infants, with moderate deformity, the condition can be cured by daily stretching of the shortened tissues. One hand should hold the shoulder down while the other hand forces the head slowly toward the opposite side. The face should be forcibly turned in the opposite direction from the usual one.

In the majority of cases the treatment is operative. The operation is simple and quite effective usually. No sub-cutaneous tenotomy should be done, because of the danger of cutting the jugular vein or

BUREAU OF CRIPPLED CHILDREN—(Continued)

other important vessels and nerves. After operation the head must be fixed in a brace or plaster cast for six weeks, to prevent recurrence. The distortion of the face will gradually be overcome by nature after a few months time.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

SERVICE

The tendency of modern times appears to be constant change with the tearing down of established customs and manner of living, and the setting up of new ideals and standards, all of which, we are told, spells progress.

Human beings have become restless and easily dissatisfied, and where difficulties present, seem to prefer to try something new, rather than struggle to clear a difficult situation according to theory or practice which has been previously proven sound and worth-while.

The State Board of Health stands for the highest efficiency in health work, and in this particular Bureau we want to use everything available that will bring about a lowered maternal and infant mortality and ideal living conditions for healthy and happy mothers and babies for Florida. Quoting L. Emmett Holt, M. D., we are reminded of old beliefs, some of which are still prevalent: "Does God fix the death rate? Once men were taught so, and death was recorded as an act of Divine Providence. We are now beginning to look upon infant mortality as evidence of human weakness, ignorance, and stupidity. We believe that Providence works through human agencies and that in this field, as in others, we reap what we sow—no more and no less." In the more modern trend of thought, we are reminded by Sir Arthur Newsholme that "infant mortality is the most sensitive index we possess of social welfare. If babies were well born and well cared for, their mortality would be negligible. The infant death rate measures the intelligence, health, and right living of fathers and mothers, the standards of morals and sanitation of communities and governments, the efficiency of physicians, nurses, health officers, and educators."

We in this Bureau, like all health workers, if conscientious, have high ideals which we hope some day to reach, but unfortunately we are obliged, because of conditions and circumstances over which we have no control, to do our work with the tools at hand, using our professional knowledge and ingenuity to attain the best results possible. Because of a decrease in our appropriation, it has become

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

necessary to cut from the field staff one field supervisor and three staff nurses. This makes it imperative that the two services handled by this Bureau, namely, maternal and infant hygiene, and rural school inspection and follow-up, be separated. This necessitates a new working plan for each service, which will be carried on as follows: the maternal and infant hygiene work will cover the inspection, instruction, examination, and supervision of midwives; infant and preschool conferences; birth registration work, and classes of instruction for mothers in the care of themselves during the prenatal, natal, lying-in, and postnatal periods; and in the care and feeding of infants. Where desired by local organizations, these nurses will give instructive talks, and literature pertinent to the subject covered will be available for distribution. Five nurses who will be known as the State Sheppard-Towner nurses, each of whom has excellent professional training and experience, will cover the State with the above service.

The inspection in the one and two teacher schools with necessary home follow-up will be conducted by four nurses who will be known as the state rural school nurses. This will apply in all counties in the State, with the exception of those having local public health nurses covering this work. The inspection will be made on standard blanks, provided by the State Board of Health. After each inspection, notices will be sent to the parents of conditions found, and a parents' meeting will be called at the school on the day following the inspection, at which the defects commonly found in school children will be explained to the parents, and advice given concerning the care and feeding of the school children.

In no case is the nurse permitted to make a diagnosis, but where there is an indication of a defect or any deviation from the normal, the parents will be instructed to have an examination by their family physician. After the parents' meeting at the school, a home visit will be made by the nurse wherever indicated, in order that all parents have an opportunity to discuss with the nurse conditions requiring care or treatment of their children.

Before the nurse leaves the county, an effort will be made to have a public meeting at which an instructive talk will be given by the nurse and time given for questions, in order that the purpose of this work being done by the State Board of Health may be thoroughly understood in each county. Literature will also be distributed and every help possible given toward the bettering of conditions for the school children.

The State rural school nurses will begin their work in those counties having the shortest term periods, in order that all one and two teacher schools may be covered in the year. All inquiries regarding the services described above should be sent to Bureau Child Hygiene and Public Health Nursing, Florida State Board of Health, Jacksonville.

BUREAU OF SANITARY ENGINEERING

Ellsworth L. Filby, C. E., Chief Engineer

FIELD NOTES

September first of the fall months—oyster season! The Bureau plans this year to devote the time allowed for oyster sanitation to the control of the beds and packing or shucking plants at Apalachicola where the biggest portion of commercial growing and packing is conducted. All oysters sent into the State are subject to United States government interstate regulations and all, including the Apalachicola products, must bear a certificate number stamped or marked on the container, such as "Fla. No. 1", "Md. No. 200", etc. These oysters are usually sold as "Certified Oysters". Insist on certified oysters and be safe. It is the producing states' guarantee to you that the oysters are from beds relatively free from pollution and that the oysters are shucked and handled in a cleanly manner. The buying of locally produced oysters at stands along the highways is a dangerous procedure.

School Days—back again to the rule of Teacher! How about your school house and its appurtenances? Have the youngsters a safe drinking water or is it apt to spread disease? Have they sanitary privies so that the hookworm infested pupils will not seed the ground to infect your children? Boards of trustees and county superintendents may be very busy men and not want to bother about such things but the State Board of Health will continue to plug away getting schools made what they ought to be—models of sanitation. Okaloosa county, already leading the counties in school sanitation, is planning an improvement campaign the last week in October, when our District Sanitary Officer, Major C. N. Hobbs, will assist Miss Bertha Henry, Home Demonstration Agent, in a preliminary inspection of the schools of that county. How are your county schools? The law requires sanitary privies, common decency demands them.

Ships that pass in the night ofttimes leave scant records behind. We are entering a period of twilight. Financial tribulations owing to slow payment of taxes and a surplus at the close of June, 1927 of relatively few dollars, have caused the curtailment of personnel of the Bureau. Three members had to leave on August 15th. District Sanitary Officers Bartlum of Key West and Talbott of Palatka, and Assistant Engineer, Marner, West Palm Beach are with the Bureau no longer. This opportunity is taken to publicly express our thanks to them for their unselfish service during the past year and our regrets at the severance of their services. Dr. Bartlum had been active along the Keys, Mr. Talbott among the counties around Palatka and Mr. Marner the entire east coast. These men all gave excellent service to the State, during the time they were connected with the State Board of Health. They will be missed.

BUREAU OF SANITARY ENGINEERING—(Continued)

Mosquitoes, have you any? Do you raise your own? This year has been a mild one for mosquito infestation taking the State as a whole. Adverse weather conditions and increasing public activity have kept the hordes of unwelcome summer visitors down. The dry spring and shortage of rain (some 14 inches deficiency to date this year) and the determination of citizens that "THEY SHALL NOT HATCH", have kept down these pests. But why have any? It is a matter largely of personal pride and community spirit whether or not you are bothered by mosquitoes.

Increased activities in Ft. Pierce, Vero Beach, Martin County and Miami Shores are welcome signs that the populace is awakening to the fact that "it can be done" and "it" in this case is mosquito control.

Water supply improvements progress steadily. At Stuart the Florida Power and Light Company through its Consumers Water Company is completing a new iron removal plant to treat shallow well water. Aeration and filtration are expected to remove most of the iron. An experimental filter built at Stuart by Mr. Pirnie of Hazen and Whipple, New York engineers, worked very successfully.

Cocoa has plans out for a shallow well supply with treatment by aeration, coagulation filtration and chlorination to follow. Construction is expected to start in a few weeks.

Sanford has about decided to stop being bothered by red worms (chironomus) and algae growths in its clear well and will take steps to have it covered securely. Time alone will convince some cities and some engineers that clear wells should be covered preferably by concrete to keep out flying midges, algae growths and the like.

St. Augustine went back to the old artesian supply because of tastes and odors and color in its shallow well supply, pending the development of a further treatment of the shallow well water to remove hardness and color.

Mt. Dora has decided to drill some more wells and Sebring plans to have its famous "Health Water" on tap in a few months when the new wells are completed and the lake Jackson supply no longer used as an emergency.

Haines City is going after its sewage disposal problem and contracts have been let for several pump stations and a separate sludge digestion plant with sand filtration to follow to fully treat the sewage. When our cities realize that they cannot long pollute streams with raw or partially treated sewage, then we will see more plants like the foregoing. Leaders in sewage purification in this state are St. Petersburg, Lakeland, Sebring, Haines City, Vero Beach and Daytona Beach. Miami is carefully studying her problem and has an experimental plant in operation.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

DIPHTHERIA



Notwithstanding the fact that diphtheria is a preventable disease one hundred twenty-three (123) persons died in the State of Florida last year from this cause. One hundred twelve (112) of the total of one hundred twenty-three (123) deaths from diphtheria last year in this State were among children under ten years of age. Last year's records show diphtheria to have taken a much greater proportion of life among the white children than among the colored. One hundred two (102) deaths were charged against the whites as compared with twenty-one (21) for colored. While it is a known fact that the population of Florida has been increasing constantly, it would appear that the death rate from diphtheria has been increasing entirely too fast. The total number of deaths from diphtheria, by years and by color, 1922 to 1926, inclusive, appears below.

Year	Total	White	Colored
1926	123	102	21
1925	105	91	14
1924	99	73	26
1923	86	70	16
1922	95	85	10

Protection against this disease is available. Your family doctor can make your children safe against diphtheria. Why worry so about automobile accidents or other dangers to which your children are subjected and be careless regarding the deadly disease of diphtheria. It is much easier to insure your child's protection against diphtheria than it is against injury from automobile accidents.

A review of the available information secured from the death certificates received so far this year indicates very encouraging results. For the first seven months in 1927, there were forty-three (43) deaths registered from diphtheria as compared with fifty-three (53) for the same period last year. It is not wise to hastily draw conclusions as to what has caused this reduction in the number of deaths from diphtheria in this State. Nevertheless, it is very encouraging and if every parent in the State of Florida will take the necessary steps to prevent deaths from diphtheria among his own children, at once the Grim Reaper will be cheated out of his harvest from this disease. Sorrow will also be kept from the hearts of many loving parents and their homes will be brightened with the presence of happy, healthy children so far as this disease is concerned.

DIPHTHERIA WILL DISAPPEAR



WHEN THE PEOPLE SO DECIDE.

LIBRARIAN HYGIENIC.
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25TH. & EAST STREET.
WASHINGTON, D.C.

HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA



HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

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Vol. 19 NOVEMBER, 1927 No. 11

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

This Bulletin will be sent to any address in the State free of charge.

If you wish to know how to avoid tuberculosis, typhoid fever, malaria, hookworm, smallpox, diphtheria, etc., address the State Health Officer, Jacksonville.

If you think you have tuberculosis, typhoid fever, malaria, hookworm or diphtheria, have your doctor take a specimen and send to one of the State Board of Health laboratories for examination.

If you desire information about sanitation and public health, the Executive Office will try to assist you.

B. L. ARMS, M. D., STATE HEALTH OFFICER

Jacksonville

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Address all correspondence care State Board of Health, Jacksonville

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B. L. Arms, M. D., State Health Officer

SERVICE FOR FISCAL YEAR 1927-8

In order that the reason may be known, if there is delay in investigating some condition or inability to supply certain products, it is thought that a frank statement is indicated.

This year our personnel has met a reduction, hence, each medical officer now has twice as large a territory as a year ago—five officers in place of ten. Each man will do all he possibly can but it is needless to say that some calls will not be answered as quickly as they could be when each had but half as large a territory, and a greater percentage of their time must be taken by the longer trips they have to make as at times an emergency will arise at some point in their district when they are at the opposite end.

They will naturally have to consider communicable disease first and we regret to say there will be but little time for examination of school children.

The Bureau of Child Hygiene and Public Health Nursing has lost four nurses and in order to function to the best advantage the two services have been separated and now there are five nurses doing maternity and infant hygiene work—the Sheppard-Towner nurses—and four whom we call Rural School Nurses who make inspections of the children in the one and two teacher schools.

In the Bureau of Sanitary Engineering we lost one assistant engineer and four inspectors; hence, each of those still on duty has a much larger territory to cover.

While we regret the necessary reduction, each of the force will give his best efforts for the betterment of the people of the State, remembering at all times that every citizen of the State is one of his employers.

During the balance of this fiscal year, it will be impossible to furnish all the biologics that we have furnished in the past and after careful consideration, it has been decided that the one place where a cut can be made without danger of the spread of contagion from case to case is the tetanus antitoxin and this will be discontinued. During the fiscal year 1926-27, the Board expended, in round numbers, $8,000.00 for tetanus antitoxin over 7,000 doses going for prevention. Had the people of the State purchased this individually, it would have meant an outlay of more than double this amount because the State has been buying at wholesale and there has been but little wastage whereas there is necessarily considerable wastage in retailing such a product.

We trust that we will be able to supply all the diphtheria antitoxin, toxin-antitoxin, vaccine virus, typhoid vaccine, antimeningococcus serum and rabies vaccine needed. All except the rabies vaccine

ADMINISTRATION—(Continued

are free but inasmuch as a community can very nearly determine how much rabies they will allow in their community, we have asked payment for each of the rabies treatments except in cases where the physician certifies that the patient is indigent and that he is receiving no pay for the administration. When this is done, there is no charge for the treatment.

The physicians can materially aid us if they will make sure that treatment is indicated and that the patient will take treatment after it is ordered. Frequently treatment is ordered and, later, word comes that the patient never returned for the inoculations. Of course, the amount we have paid is a dead loss, for we cannot risk sending that treatment to someone else as we have no assurance of the temperature at which it has been kept.

In requesting other biologics, please bear in mind that we wish to supply all that is needed but, in order to be able to stay within the funds available, we must have the co-operation of everyone.

—— F. H. N. ——

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

MALARIA

An Experience

The menace of malaria and the pestilence of mosquitoes can be permanently removed from any community where the problem is attacked with sufficient intelligence and vigor. This has been demonstrated so well and so often that further proof is not necessary, but the evident lack of stimulus to action on the part of certain communities, in dire straits on account of mosquitoes and the malaria infection they transmit, may justify me in telling about Caryville.

My first visit to this busy sawmill community was in 1923. At that time the Henderson-Waites Lumber Company owned and operated a rather pretentious plant. In making a routine health inspection of the place, it was noted that numerous cypress ponds in and near Caryville afforded excellent mosquito breeding grounds. In them and in the fire barrels around the stack yard, quantities of larva were found.

Upon interviewing the mill physician, Dr. G. W. Carter, he admitted that quinine had an important place on his drug shelf and the treatment of malaria took much of his time—so much that he had little time for rest and recreation. The scheme we hatched was largely the product of Dr. Carter's brain and to him is due the credit for its success.

We planned a barbecue and picnic dinner for Sunday, September 23, 1923. My contribution consisted of a splendid appetite, a demonstration of mosquito larva and pupae, and an address on the control

BUREAU OF COMMUNICABLE DISEASES—(Continued)

of mosquitoes and malaria. Real barbecued meat was served with a greater quantity and variety of other food than one would expect to find in Washington or any other county, and everyone was there from the mill owner right down to the night watchman's possum dog. The rapt attention given to the talk was in inspiration. After the white folks' meeting, we went to the colored church where a very creditable preliminary program was rendered and then the mosquito talk repeated.

Three months later, upon making another visit to Caryville, the progress that could be seen was amazing. Cypress ponds had been filled or drained, houses screened, barrels oiled, and the resultant improvement in health and comfort was remarked by a number of the mill hands.

A few months ago, the mill, now under new ownership, was burned but it has already been rebuilt at a cost reported to be well over a million dollars. There is an air of prosperity and contentment about the place and Dr. Carter, seen on September 29, 1927, stated that, "We haven't had a dozen chills in a year. We used to have more than that in a day."

In the control work, the management had the hearty and intelligent cooperation of the help, both white and colored. The participation of all in the benefits is evidenced by the growth of the mill and the apparent happiness and prosperity of the workers. What Caryville did any community can do.

If interested in malaria and mosquito control, write the State Board of Health.

— F. H. N. —

DARIUS GREEN—CHARLES LINDBERGH

The progress made in air navigation from the days of the fictitious pioneer aviator, Darius Green, to the heroic New York to Paris flight of Lindbergh is truly amazing. The splendid body, mind and spirit of the youthful colonel that enabled him to make his remarkable flight are worthy our greatest admiration.

HEALTH PROGRESS SURPASSES THAT OF AVIATION

Advancement in aviation, astonishing as it is, does not equal in degree or value the discoveries that enable the human race to enjoy better health and longer life. Long is the list of those who have made their names immortal through studies and discoveries in science. The victory over malaria, yellow fever, hookworm disease, plague, typhoid, diphtheria and many of the nutritional and degenerative diseases saves millions of lives each year.

The men of science, like Lindbergh, are modest, not seekers after praise, and the greatest recognition we can give them is to profit by their work, putting into practice the great truths they have given us. Unless those truths enable us better to fight the battle for health against disease, their labors are in vain.

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF SEPTEMBER, 1927

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1264	310	48	40	76	1738
Diphtheria	2432	225	19	89	23	2788
Typhoid	422	155	51	22	27	677
Malaria	370	172	41	17	61	661
Rabies	13	6		1		20
Tuberculosis	160	58	6	19	10	253
Gonorrhoea	383	230	24	57	14	708
Syphilis	2884	945				3829
Water: Bacterial Ex.		34		251		285
Water: Chemical Ex.				250		250
Milk: Bacterial Ex.	45	230	67	266	7	615
Milk: Chemical Ex.	49	230	67	610	7	963
Miscellaneous	114	27	4	54	6	205
	8136	2622	327	1676	231	12992

Specimen Containers Distributed 9717

BIOLOGICAL PRODUCTS DISTRIBUTED DURING SEPTEMBER, 1927

Diphtheria Antitoxin	10,000 units	179 Packages
	5,000 units	59 Packages
Toxin Antitoxin		6,162 C. C.
Schicks		6,800 Tests
Tetanus Antitoxin	20,000 units	1 Package
	10,000 units	11 Packages
	1,500 units	659 Packages
Typhoid Vaccine	Plain	24 Treatments
	Triple	2,681 Treatments
Vaccine Virus		4,570 Capillaries
Antimeningococcus Serum		7 Cylinders
Antirabic Virus		31 Treatments
Carbon Tetrachloride		2,331 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO THE STATE LABORATORY, STATE BOARD OF HEALTH, JACKSONVILLE, FLORIDA

CHILD WELFARE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

HABIT FORMATION

So much has been written about habit formation that it would seem to be "carrying coals to New Castle" to attempt anything new on the subject, but the emphasis seems to be put on training in schools, clinics, and other places outside the home. However, years spent in working with people at close range many times give us an entirely new viewpoint, and if the health worker is earnest in her efforts, her experiences should be of some value.

We hear much of the teaching of habits of various kinds to school children, and we hear good and bad reports from teachers and parents regarding them. In retrospect, let us go back to the beginning and try to find a reason for the difficulties in teaching the school child habit formation and for the complaint of lack of discipline and good habits in the adolescent.

At the birth of an infant, we are given a little helpless creature, who knows how to make a noise, and usually, but not always, how to nurse the mother's breast. Every other thing they learn, they are taught by us. We all know how quickly a baby learns that if it cries sufficiently long and hard, it will be picked up and carried or fed. Here we have the beginning of habit formation, when the infant is a few hours old. We could go on through the entire period of infancy and give example after example of the formation of habits which tend to militate against the child when the school period begins.

Let us pause and take stock, fixing in our minds the habits we wish to have children form and live by. Obedience, cleanliness, order, truth, honesty, courtesy, helpfulness, self-respect, love of beauty, protection for the weak, reverence, desire for knowledge, thrift, a love of the out-doors, love of home, and patriotism might fairly well cover the list. The question naturally comes: When, how, and by whom shall these be taught?

We hear so much of tragedies in homes, because boys and girls have apparently gotten away from the control of their parents. The logical conclusion would be, therefore, that when boys and girls have reached the period of independent thought and action, their habits of life, for the most part, have been formed. Let us then begin again with the new born infant and see what might be done by way of an earlier start toward the ideal habit formation.

There should be a schedule for the feeding of the infant. This schedule should be strictly adhered to. Regarding the quality and kind of food, there is no question with the infant, and this should continue through babyhood and the preschool period, with very few exceptions. In this way a child is taught regularity. He also learns to accept a varied diet.

Proper hours for sleep should also be observed. In the matter

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Con.)

of feeding, sleeping and cleanliness, if good habits are observed, you will find that a baby will waken almost on schedule time for its meals, will be most comfortable in a properly ventilated room, and will cry if it is left wet or uncomfortable.

Babies should be left to amuse themselves, and should not be made the center of attraction. Very few toys should be allowed, and those of the simplest kind. Very early in life the child should be taught self-discipline, and this requires very much patience and kind, persistent effort on the part of the mother. If children are not permitted to indulge in tantrums, sulking, or a display of temper before others, they will soon learn to control themselves, since few children will continue to perform if they are obliged to do it without a sympathetic audience.

Too many "don'ts" are confusing. The child of a vacillating parent will usually have the same characteristic. It is wisest to give few orders, but once an order is given, insist that it be carried out. The same thing applies to the parent as well as the child. Make few promises, but keep those made: this for parents, so the children will learn truthfulness and a wholesome respect for authority.

A love of beauty can be developed in a child by taking time to teach him the beauty of flowers, birds, pictures, and later the grouping of colors.

Respect for the feelings and possessions of others should begin with the first playmates and toys, as well as the furnishings of the home.

Courtesy is a golden quality and must be a day by day and hour by hour lesson to little children. Honesty and truthfulness are learned more from example than precept. A child should have its own belongings, and if possible, a place of his own in the home. Courtesy and consideration should be paid the child if we would exact from the child the same trait regarding his attitude to others.

It is usually a fear of consequences that makes the child untruthful. If sufficient pains are taken to teach a child what truthfulness is and he sees the example in his own family group, the lesson will be learned unconsciously.

The fundamentals of one's faith, no matter what that faith might be, should be taught in the home before the child ever makes outside contacts.

Thirft should be encouraged in the child as soon as the first pennies begin to come his way.

A desire for knowledge should be engendered in the most attractive way possible.

So many children seem to have a streak of ruthless cruelty, and while we would not want to make cowards of children, they should have a respect for the feelings of others, as well as a desire to protect all things smaller or weaker than themselves.

CHILD WELFARE AND PUBLIC HEALTH NURSING—(Con.)

With all this long list, it might appear that the teacher must be a paragon of all the virtues, but some one aptly said that "God could not be everywhere, and so he gave us mothers." And it is to mothers that we look for the bulk of the early training of little children. Fathers have not so much to do with the children up to the end of the pre-school age, for obvious reasons. Therefore, it does devolve upon the mother to give the children the first training. She is the one who usually has the long hours of the day with her baby and it is to her we look for the child's grounding in the fundamentals of right living so that they may begin their period of school life properly equipped to rub elbows with the world without too much friction.

We need the public health nurse, the school teacher, and the welfare worker, but no one, no matter how skilled, can take the place of the mother in the early training of the child. And if the home is made a place where loving care and kindness is observed even in the matter of discipline and teaching, there will have been planted in the heart of the child the proper love of and loyalty for his home, which later will mean love and loyalty for one's country. Thus the matter of the teaching of habit formation is primarily the responsibility of the parents, the proper place for that teaching is the home, and the period of teaching should begin with the birth of the child.

— F. H. N. —

BUREAU OF SANITARY ENGINEERING

Ellsworth L. Filby, C. E., Chief Enginecr

SAFE OR SORRY

When the fall months and cool weather come around, the food supplies available are augmented by shell fish—oysters become available. A delicious, wholesome food, very nutritious and inviting, the oyster has its rightful place in the diet of the American nation.

Years ago the nation became justly suspicious of the inspection of meats used for foods. As a result the Federal Government instituted and now carries on a system of inspection of meats entering into interstate shipments and the stamp—"U. S. Inspected and Passed" —is familiar to all of us. Then the cities having local butchers and slaughtering houses took up their local problem and local plants came under the scrutinizing gaze of a trained inspector. The public was appeased and now one rarely ever looks for the inspection stamp on a meat product.

How different, yet how similar, with the oyster. This food in the past had been impeached several times as a conveyor of disease, but no action resulted until 1924-25 an outbreak of typhoid in New York, Chicago, and Washington attributed to the oyster aroused such newspaper publicity that the public practically ceased consuming oysters and inland states demanded inspection of this product and

BUREAU OF SANITARY ENGINEERING—(Continued)

some assurance that it was wholesome and safe for human consumption. The net result was that the producing states through their State Board of Health, Shellfish Commissioners, etc., undertook an inspection of the producing areas and the methods of handling, shucking and transporting the stock. The U. S. Public Health Service detailed engineers to assist in studies of the waters, beds, and final product and the recommendations of an advisory committee of producers, state and governmental health and food agencies were put into effect. State regulations similar to these recommendations were adopted and the state inspection service carried on with an occasional federal inspection to check the state inspection.

A system of marking the cans with a permit number was adopted and thus on the sides of the gallon and five gallon containers commonly used is imprinted, "Fla. No. 30" or "Md. No. 600" or "Ga. No. 270", indicating that the oysters in that container came from a firm that had successfully passed the rules of the State and Federal authorities and had been assigned that code number by the producing state. Thus, "Fla. No. 30", indicates that an establishment at Apalachicola, Florida, our biggest producer, has met all requirements.

You, Mr. Buyer of oysters, can safeguard your health by LOOKING at the can or container from which your fish dealer, butcher or marketman, takes his supply to fill your pint or quart demand. See that it bears this inspection code mark. If it doesn't, you are probably getting local oysters, produced on beds nearby, under water which is very likely sewage polluted and shucked under no inspection.

Cities have not been as alert to enact and enforce local regulations for oysters as they have done for meat. Local "oysters bars" on the outskirts of town or near bridges are in nearly every case filthy and their product when examined shows evidence of gross contamination. Be safe—do not buy the local oysters unless your city or town is watching them. The State Board of Health cannot undertake the supervision of all the oyster "bars" in the State—it is beyond our financial ability—we must depend upon you.

BUY YOUR OYSTERS FROM A REPUTABLE DEALER

who handles

GOVERNMENTAL INSPECTED AND PASSED OYSTERS

—— F. H. N. ——

AN INVITATION TO JOIN

THE AMERICAN RED CROSS will hold its ELEVENTH annual Roll Call from Armistice Day through Thanksgiving—November 11-24—when all are cordially invited to become members of this great organization. Membership dues paid at that time maintain the work of the Red Cross—local, national and international—throughout the coming year.

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

DOCTORS' CERTIFICATES OF REGISTRATION



Applications for Certificates of Registration are not being received by the State Board of Health in as large numbers as is desired. It is estimated that 2,000 doctors of medicine, 156 osteopathic physicians, 157 chiropractors and 93 naturopaths will expect to register and secure their official Certificates of Registration as provided for in Chapter 12005, Laws of 1927. As this publication goes to press, 493 applications properly completed have been received from doctors of medicine, 41 from osteopathic physicians, 22 from chiropractors and 24 from naturopaths. It is expected that a total of 2,406 will expect to register. It would appear that a total of 580 is not a very good representation of what should be expected at this time. It is hoped that those who wish to receive Certificates of Registration by the first of January will forward their applications immediately.

The new registration law which has been sponsored by the Florida Medical Association and the State Board of Medical Examiners was passed in order to protect the practice of the healing arts in the State of Florida. The full cooperation of all concerned is, therefore, expected as it is to the advantage of every properly licensed practitioner to secure his Certificate of Registration by January first and thus be in a position to exhibit his authority for claiming to be a licensed practitioner.

It has now been a month since the application blanks were mailed. If you have not already done so, please send in your application at once in order to prevent congestion at the central office. Beginning the first of January, Certificates of Registration will be mailed out in the order in which the completed applications were received. If you are late in making your application, do not be disappointed if your Certificate of Registration is late in reaching you.

CENTRALIZATION OF MARRIAGE RECORDS

The reports from County Judges have been very gratifying. Complete vital statistics will now be available, including records of marriages, divorces, births and deaths. The centralization of marriage and divorce records will add greatly to the value of the central office in this State.

The purpose of the central office is to serve the people in this State. It would take a volume to mention the many opportunities that have been given during the past ten years to serve individuals in this State. The administering of Justice has been possible in many cases solely through the official records on file in this office.

BUREAU OF VITAL STATISTICS—(Continued)

SMALLPOX

In the September, 1926, issue of the Florida Health Notes the "SEYMOUR PLAN" was referred to. This plan proposed a concerted drive against three preventable diseases—diphtheria, September and October; smallpox, November and December; and typhoid in January and February. Inasmuch as plans have already been outlined for the December number of Health Notes we will briefly review smallpox from the records in this Bureau.

In the face of known prevention, the records so far this year do not look very encouraging. A total of 12 deaths occurred in Florida, caused by smallpox, during the first eight months of 1927. Last year there was a total of 7 deaths from smallpox. Not a single death was reported from this disease in 1923, 1924 or 1925.

The general death rate in Florida has shown a decline for 1927. Smallpox can be prevented. It is not very encouraging to note a decline in the general death rate from all causes and realize that 12 persons so far this year have died from smallpox, a preventable disease. Biologics are furnished free by the State Board of Health. Are you protected? Are your loved ones protected? If you know that smallpox is preventable and fail to protect yourself and your loved ones, what kind of negligence is the answer?

HOPE IN CANCER FIGHT RESTS ON RESEARCH, EDUCATION, TREATMENT

The cause and cure of cancer is the most complex problem that faces those working for the health and well being of humanity, says Dr. Shields Warren, who summarizes in the November Hygeia the latest information on this subject that engages the attention of many of the world's foremost scientists.

Cancer is a disease of the cell, the unit of bodily structure. Its fundamental property is unrestrained and lawless growth. Cancer cells, unlike normal cells, are not subject to any controlling influences. These masses of cells grow at the expense of the body, utilizing nutriment needed for the normal activities of life.

Tumors are divided into two groups, benign and malignant. Benign tumors are usually local and cause death only through their locations. For instance, a majority of brain tumors are benign in structure, but may cause death by pressure on the brain.

Malignant tumors, on the other hand, invade the surrounding tissues. The long, irregular extensions popularly known as the roots of the cancer are portions of the growth that have found a relatively easy pathway along which to grow. This is why a surgeon always removes a large part of the tissue surrounding a cancer, even if the growth is small.

BUREAU OF VITAL STATISTICS—(Continued)

Both benign and malignant tumors have an ample blood supply but they do not have nerves. Dr. Warren explains that this is the reason that cancer is not painful in the early stages. If the blood supply is cut off from any part of the growth the cells die. This is the familiar eating away that characterizes cancer. The foul odor that is commonly associated with advanced cancer is due not to the tumor but to the action of bacteria on the dead tissue.

It is not believed at present that a tendency to cancer is heritable. The chronic irritation theory is the most generally accepted theory of its origin, according to present knowledge.

Certain occupations are predisposing causes of cancer; for instance chemical workers in coal tar or aniline dye products are prone to develop cancer.

Pioneer workers with the x-ray furnished a striking example. Repeated exposure produced deep, painful burns, which almost invariably went on to cancer. Although in intense pain and facing slow death, these men continued their work and through their martyrdom x-ray work is now relatively safe.

Cancer of the throat and mouth has been found to be more common in smokers than in nonsmokers.

The two lines of attack that have yielded satisfactory results in the tratment for cancer are surgery and radiant energy. In many cases, early diagnosis and early treatment make it possible to hope for a cure, if the tumor has not extended too far.

Hope of progress in the struggle against cancer rests on three measures, according to Dr. Warren; facilities for research, education of the public and provision for treatment in all cases.

Cancer ranks fifth among the most deadly diseases in Florida; heart disease first, chronic nephritis second, pneumonia, all forms third, tuberculosis, all forms fourth. In the United States cancer ranks fourth.

— F. H. N. —

NEW LOCAL REGISTRARS APPOINTED

Number	Name	Address
5— 01	Mrs. Florence E. Holmes	Titusville, Fla.
6— 02	R. T. Skinner	Box 35, Dania, Fla.
6— 04	Dr. Pierce B. Wilson	Hallandale, Fla.
7— 03	R. O. Nichols	R. F. D., Altha, Fla.
7—057	C. W. Shelton	Rt. 2, Altha, Fla.
19— 03	M. E. Cone	Plant City, Fla.
20— 02	W. D. Ramsay, M. D.	Noma, Fla.
21— 03	Mrs. C. P. Cassidy	Graceville, Fla.
21—137	Mrs. D. G. Rawls	Greenwood, Fla.
37— 02	Miss Harriet L. Hand	Box 476, Delray, Fla.
38— 01	Mrs. Leila N. Rawls	Box 657, Dade City, Fla.
38— 02	Mrs. P. T. Williams	Zephyrhills, Fla.
38—087	Mrs. H. C. Douglas	Ehren, Fla.
54—027	Mrs. Lottie Lofton	Ft. Bassenger, Fla.
61— 02	Mrs. A. L. Crews	Raiford, Fla.

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths from Cancer (all forms) by Color and by Counties. 1926

	COUNTIES	DEATHS		
		Total	White	Colored
0.	State	878	723	155
1.	Alachua	15	9	6
2.	Baker	1	1	0
3.	Bay	6	5	1
4.	Bradford	3	1	2
5.	Brevard	7	7	0
6.	Broward	17	16	1
7.	Calhoun	3	3	0
55.	Charlotte	1	1	0
8.	Citrus	2	0	2
9.	Clay	5	4	1
62.	Collier	0	0	0
10.	Columbia	6	5	1
11.	Dade	91	81	10
12.	DeSoto	5	4	1
56.	Dixie	0	0	0
13.	Duval	107	83	24
14.	Escambia	26	20	6
53.	Flagler	0	0	0
15.	Franklin	3	2	1
16.	Gadsden*	19	13	6
64.	Gilchrist	1	1	0
57.	Glades	0	0	0
65.	Gulf	0	0	0
17.	Hamilton	3	0	3
58.	Hardee	6	6	0
63.	Hendry	2	2	0
18.	Hernando	4	2	2
59.	Highlands	6	6	0
19.	Hillsboro	111	99	12
20.	Holmes	2	2	0
66.	Indian River	1	0	1
21.	Jackson	7	3	4

* State Hospital Inmates Included.

BUREAU OF VITAL STATISTICS—(Continued)

Total Deaths from Cancer (all forms) by Color and by Counties, 1926, (Continued)

COUNTIES	DEATHS		
	Total	White	Colored
22. Jefferson	4	1	3
23. Lafayette	0	0	0
24. Lake	8	6	2
25. Lee	10	10	0
26. Leon	7	3	4
27. Levy	3	2	1
28. Liberty	2	2	0
29. Madison	5	2	3
30. Manatee	12	12	0
31. Marion	14	9	5
67. Martin	5	1	4
32. Monroe	15	14	1
33. Nassau	5	4	1
34. Okaloosa	2	1	1
54. Okeechobee	0	0	0
35. Orange	40	31	9
36. Osceola	18	18	0
37. Palm Beach	31	29	2
38. Pasco	5	5	0
39. Pinellas	72	66	6
40. Polk	36	30	6
41. Putnam	10	7	3
42. St. Johns	25	23	2
43. St. Lucie	2	2	0
44. Santa Rosa	9	8	1
60. Sarasota	12	9	3
45. Seminole	13	8	5
46. Sumter	6	4	2
47. Suwannee	3	3	0
48. Taylor	4	1	3
61. Union	1	1	0
49. Volusia	30	29	1
50. Wakulla	2	1	1
51. Walton	4	3	1
52. Washington	3	2	1

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HUMAN LIFE IS THE STATE'S GREATEST ASSET

FLORIDA

HEALTH NOTES

OFFICIAL MONTHLY BULLETIN

ESTABLISHED JULY, 1892

STATE BOARD OF HEALTH

Entered as Second Class Matter, October 27, 1921
at the Postoffice at Jacksonville, Florida, Under the Act of August 24, 1912

VOL. 19 DECEMBER, 1927 No. 12

Edited by
STEWART G. THOMPSON, D. P. H.
Director, Bureau of Vital Statistics
Jacksonville

Tuberculosis ‡ Number

B. L. ARMS, M. D., STATE HEALTH OFFICER
Jacksonville

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*Assistant Engineer

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Address all correspondence care State Board of Health, Jacksonville

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ADMINISTRATION

B. L. Arms, M. D., State Health Officer

CHRISTMAS SEALS

Do we fully realize the significance of the seals that are so generally used at this time of year? I fear that this question must be answered in the negative.

The Christmas Seal, broadly speaking, is the symbol of the fight against tuberculosis, and its wide-spread use is a great factor in the education of the public to the fact that tuberculosis is a preventable disease and that every citizen is privileged to do his part toward the further reduction of the tremendous, needless, annual loss of life, to say nothing of the economic waste for which the disease is responsible.

The fact that tuberculosis has been displaced as THE leading cause of death in the U. S. Registration Area for deaths further emphasizes the fact that it is possible to foresee the time when it will no longer be ONE OF THE leading causes of death, for a splendid start has been made which, however, needs the assistance of every one of us to attain this end.

The last legislature passed a bill authorizing the establishment of a sanatorium for the care of the tuberculous and we trust that soon there will be a place where these may be cared for and where they may be educated, also where our physicians may receive that special training necessary for its early recognition, in order that much time may be saved in the cure (or arrest) of the disease.

All of us who have reached middle age can remember when the fact that one had tuberculosis was accepted as positive evidence that the patient had but a short time to live. What a change a few years have made! Now the discovery of the disease in its early stages means that if the patient will follow the advice of his physician, he may safely be assured that it can be conquered and that he may look forward to years of health and happiness. This also can be said of most cases found in the moderately advanced stage.

The sale of Christmas Seals is a means by which this is being carried on and they should not only be used, but it is just as important that we should understand their significance for then we will lend support to the eradication of tuberculosis.

— F. H. N. —



ADMINISTRATION—(Continued)

NEW REGULATION

At a meeting of the State Board of Health at Jacksonville, November 11, 1927, at which all members of the Board and the Honorable W. S. Cawthon, Superintendent of Public Instruction were present the following regulation was passed:

"Owing to the greatly increased number of cases of infantile paralysis in a number of states and wishing to protect the children not only of our own state but also those who spend only a part of the year in the state, no children coming from without the state shall be admitted to the schools until they have been in the state for at least two weeks and a certificate of freedom from disease signed by the City Health Officer or City Physician, in cities where there is such official, and for those localities outside such jurisdiction, by a duly qualified physician, must be presented.

Following a case of infantile paralysis, a certificate is required of the patient from either a city or county health officer or from a representative of the State Board of Health before admittance to school.

— F. H. N. —

STATEMENT OF OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., REQUIRED BY THE ACT OF CONGRESS OF AUGUST 24, 1912.

OF FLORIDA HEALTH NOTES published monthly at Jacksonville, Florida, for October 1, 1927.

State of Florida
ss.
County of Duval

Before me, a Notary Public in and for the State and County aforesaid, personally appeared B. L. Arms, State Health Officer, who, having been duly sworn according to law, deposes and says that he is the Publisher of the FLORIDA HEALTH NOTES and that the following is, to the best of his knowledge and belief, a true statement of the ownership, management (and if daily paper, the circulation), etc., of the aforesaid publication for the date shown in the above caption, required by the Act of August 24, 1912, embodied in section 443, Postal Laws and Regulations, printed on the reverse of this form, to-wit:

1. That the names and addresses of the publisher, editor, managing editor, and business managers are:

Name of Publisher FLORIDA STATE BOARD OF HEALTH, by B. L. ARMS, Post Office Address, P. O. Box 135, Jacksonville.

Name of Editor, STEWART G. THOMPSON, Director, Bureau of Vital Statistics, Post Office Address, P. O. Box 135, Jacksonville.

Managing Editor ..... Post Office Address.....
Business Manager ..... Post Office Address.....
Name of Publisher ..... Post Office Address.....

2. That the owner is: (If the publication is owned by an individual his name and address, or if owned by more than one individual the name and address of each, should be given below; if the publication is owned by a corporation the name of the corporation and the names and addresses of the stockholders owning or holding one per cent or more of the total amount of stock should be given.)

FLORIDA STATE BOARD OF HEALTH, P. O. Box 135, Jacksonville.

3. That the known bondholders, mortgagees, and other security holders owning or holding 1 per cent or more of total amount of bonds, mortgages, or other securities are: (If there are none, so state). None.

4. That the two paragraphs next above, giving the names of the owners, stockholders, and security holders, if any, contain not only the list of stockholders and security holders as they appear upon the books of the company but also, in cases where the stockholder or security holder appears upon the books of the company as trustee or in any other fiduciary relation, the name of the person or corporation for whom such trustee is acting, is given; also that the said two paragraphs contain statements embracing affiant's full knowledge and belief as to the circumstances and conditions under which stockholders and security holders who do not appear upon the books of the company as trustees, hold stock and securities in a capacity other than that of a bona fide owner; and this affiant has no reason to believe that any other person, association, or corporation has any interest direct or indirect in the said stock, bonds, or other securities than as so stated by him.

5. That the average number of copies of each issue of this publication, sold or distributed through the mails or otherwise, to paid subscribers during the six months preceding the date shown above is. (This information is required from daily publications only.)

B. L. ARMS

Sworn to and subscribed before me this First day of October, 1927.

S. G. THOMPSON
Notary Public

(SEAL)

BUREAU OF DIAGNOSTIC LABORATORIES

Pearl Griffith, B. E., Acting Director

SUMMARY OF WORK DONE IN THE LABORATORIES OF THE STATE BOARD OF HEALTH DURING THE MONTH OF OCTOBER, 1927

Bacteriological Examinations

	Jacksonville	Tampa	Pensacola	Miami	Tallahassee	Total
Animal Parasites	1564	530	18	60	44	2216
Diphtheria	2417	549	60	1152	17	4195
Typhoid	384	121	32	32	25	594
Malaria	357	118	28	30	68	601
Rabies	13	10		2		25
Tuberculosis	148	72	9	39	8	276
Gonorrhoea	345	210	24	102	9	690
Syphilis	3104	779				3883
Water: Bacterial Ex.		55		113		168
Water: Chemical Ex.				113		113
Milk: Bacterial Ex.	53	215	3	301	7	579
Milk: Chemical Ex.	59	41	3	573	6	682
Miscellaneous	100	22	1	210	5	338
	8544	2722	178	2727	189	14360
Specimen Containers Distributed						11524

BIOLOGICAL PRODUCTS DISTRIBUTED DURING OCTOBER, 1927

Diphtheria Antitoxin	10,000	units	290 Packages
	5,000	units	71 Packages
Toxin Antitoxin			9,728 C. C.
Schicks			7,600 Tests
Tetanus Antitoxin	20,000	units	19 Packages
	10,000	units	28 Packages
	1,500	units	505 Packages
Typhoid Vaccine	Plain		5 Treatments
	Triple		2,001 Treatments
Vaccine Virus			4,495 Capillaries
Antimeningococcus Serum			17 Cylinders
Carbon Tetrachloride			2,221 Capsules

ALL REQUESTS FOR BIOLOGICS SHOULD BE DIRECTED TO

THE STATE LABORATORY, STATE BOARD OF HEALTH, JACKSONVILLE, FLORIDA.

BUREAU OF COMMUNICABLE DISEASES

F. A. Brink, M. D., Director

TUBERCULOSIS CONTROL

Less malaria, less typhoid, less hookworm disease, less smallpox and diphtheria mean greater prosperity, better food, better homes, more education, less dependency, less crime and illiteracy, and less tuberculosis.

Not alone has the work of the State Board of Health contributed to the marked betterment of the public's health but credit is due many other agencies, official and non-official that have helped by demonstrating and creating interest in better gardening, farming, stock and poultry raising, sewing, cooking and living habits.

Every time a child is induced to have an operation for the removal of diseased tonsils or to go to the dentist or to drink milk and eat fruit and vegetables regularly, the hazard of tuberculosis for that child has been reduced.

There are sentimental reasons enough to interest thinking people in general and specific health measures for the control of tuberculosis. The life of a little child, a budding youth, a mother or father is of much more value than dollars and cents, but it is at times worth while to turn our attention to the money value of human life—the cash cost of sickness and death. It does not take much of a mathematician to compute roughly the pecuniary returns from money invested in public health. The loss of earning power from sickness, the cost of sustenance, nursing and medical care, soon dissipate the savings of all but the very wealthy as anyone can testify who has had much sickness in the family.

Millions of dollars are quite properly spent for relief and protection from floods and storms. Equally liberal expenditures for general health might result in even greater benefits by virtue of reducing the tuberculosis death rate alone.

Tuberculosis, poverty and privation form a vicious combination that wipes out entire families. Let us redouble our efforts to control this plague.

— F. H. N. —

LOCKING THE STABLE DOOR

(A true story)

Once upon a time the health doctor came to the school house and gave a chapel talk on diphtheria. He said that by receiving three inoculations of toxin-antitoxin, most children would become entirely immune so that they were likely never to have diphtheria (membranous croup is the same thing but does not sound so badly). He said that he had come to offer this immunization and gave out some

BUREAU OF COMMUNICABLE DISEASES—(Continued)

slips for the parents to sign if they wanted their children inoculated. Some of the children "lost" their slips, a few said their parents did not want them inoculated but many returned the slips nicely filled in and signed. Little Laura said her Grandma told her to do as she pleased. Well, Laura came with the rest for the preliminary (Schick) test, but saw one of the children register discomfort and forthwith elected to dispense with the treatment. This course seemed all right to Laura. She got along just as well as the others for about a year but one day she fell ill with a bit of fever, sore throat and headache. She dressed for school but after breakfast felt too sick to go. She became hoarse, coughed a little and her breathing grew difficult. Her grandmother put an onion poultice on her chest and a flannel band around her neck but next day the doctor was called; seeing no white patches in her throat, he prescribed a gargle and a laxative and took a throat specimen, which could not be examined until next day. This examination showed diphtheria germs and antitoxin was given but it was too late and little Laura did not go to school any more. Her classmates decked her vacant desk with flowers.

Toxin-antitoxin prevents diphtheria. It should be given during the first year of life, but if neglected then it certainly should be given before entering school.

Shall we "lock the stable door after the horse is stolen", or see the family doctor and get the children protected NOW?

— F. H. N. —

Dr. B. C. Wilson, Field Medical Officer of the Jacksonville District, has some interesting and inspiring experiences. The other day he visited a colored school and gave one of his happy health talks as a preliminary step in the diphtheria prevention program. The teachers and pupils expressed jointly their appreciation by giving the school yell for the doctor and fifteen "Rahs" for the State Board of Health.

— F. H. N. —

PARENTS REFUSE

One of the field men distributed 350 parents' request blanks for diphtheria control in a certain school; only twelve brought back signed slips.

Do the parents of this locality realize the tremendous responsibility they are assuming?

Diphtheria can be prevented! Toxin-antitoxin protects babies and children.

— F. H. N. —

Dr. Don S. Fraser, who has been serving as Field Medical Officer in the district west of the Apalachicola River has resigned, effective November 15th.

CHILD HYGIENE AND PUBLIC HEALTH NURSING

Mrs. Laurie Jean Reid, R. N., Director

FOOD FADS

"Public health and hygiene are in danger because zealots,—trained and untrained,—are advocating a hundred new health rules a year.

"Teachers of health are fussing too much over molehills and leaving the great mountains unexplored."

With this introduction Dr. Thurman B. Rice of the Indiana University School of Medicine made an attack upon the food fads and foolishnesses that are rampant in American homes and commercial food institutions in his address recently before food and drug experts attending the 56th Annual Meeting of the American Public Health Association.

"The subject of vitamines has been ridden too hard by the laity and a large part of the profession," said Dr. Rice.

"In our enthusiasm over vitamines and a well-balanced meal we must realize that the busy housewife cannot memorize a vitamine table nor can we expect her to wrestle with a problem that would stump a professor of biochemistry. Both phases of nutrition can be taught simply and in a common sense way.

"My objection to excessive attention to calories is akin to my deep seated aversion to all methods of attempting to standardize the human being.

"The dining table is not to be made a prescription counter.

"Patients with metabolic diseases, or in danger of such, must consider their calories, as do those who are really too fat or too lean—but, for the rest of us less mathematics, and more leisure, for work or play will be appreciated. When my wife begins counting my calories, I am going to start dining out. If she serves more than I want it is my right as an untrammeled American freeman to leave it on my plate; if she serves too little—well there is the fruit stand, the candy counter, the soda fountain, and even the cafeteria across the street.

"The present craze for the dimensions of a clothes-horse is a dangerous fad. There is little doubt, that the reason for the excess of tuberculosis in the group of girls and young women is due to the inadequate nutrition so frequently suffered in the over-zealous effort to attain the proportions of a wood nymph.

"It is very dangerous for Mrs. Fat-and-forty to diet rigorously in the hope that her all too solid flesh shall melt away.

CHILD HYGIENE AND PUBLIC HEALTH NURSING—(Con.)

"Reducing diets are sadly unbalanced diets and often quite inadequate. Indeed, that is one reason why they are reducing.

"Drugs prescribed for reducing are either safe and useless or effective and harmful.

'Physical exercise in those not accustomed to it—and a majority of fat folks is in this catagory—must be recommended with caution."

These highlights of attack upon food faddists were followed by constructive suggestions by Dr. Rice.

He scoffed at advocates of the breakfast "like mother used to make" consisting of black coffee, hot breads or pancakes, fried cured meat with gravy, greasy fried potatoes and jam and preserves. But he endorses the so-called "hasty modern breakfast."

This is his menu for a model breakfast for the growing child, prepared in a few minutes:—"Fresh fruit, buttered toast, cereal with cream or milk, cocoa made with milk, bacon or an egg, an attractive dining room and a smile from dad and mother."

"The most important ingredient in a child's well balanced ration is an intelligent, happy, healthy mother," Dr. Rice emphasized.

Dr. Rice firmly believes that in the interest of science and the future we must have our dietary research, our technicalities, and our valuable scientific papers. But these are the simple food rules he would give to laymen:

1. Eat a wide variety of clean foods, well prepared, and served in as near the natural condition as taste and desire may permit.
2. Lay special stress upon the exceptional food values of milk, fruit, vegetables and good bread.
3. Give close attention to means of making food wholesome and inviting, and the dining room environment attractive and pleasant.
4. Do less fussing and fuming about food. Eat and forget it. There should be more important and interesting things to think about than the state and progress of one's digestion.
5. When ill, stop eating, and send for the doctor.

"There is little point in poking fun at the food foibles of the laymen" Dr. Rice said in conclusion. "We physicians and health experts have sinned no less than they and with less reason for we should know better. Many fads contain a large kernel of truth, but it is characteristic of fads that they are ridden to death today, and left dying of exhaustion tomorrow, or as soon as their successor arrives—and such is no proper way to treat a large kernel of truth."

BUREAU OF VITAL STATISTICS

Stewart G. Thompson, D. P. H., Director

ANNUAL ROUND-UP



This is the last month of the year! You are not only requested, but urged to see that a birth certificate has been filed for every baby born in Florida during the calendar year, 1927, and that a death certificate has been filed for every death that has occurred within the boundaries of this state. YOU refers to a multitude of good folks who have an interest in authentic records that will serve in time of need. The legal proof of CITIZENSHIP for a baby born in Florida is a BIRTH CERTIFICATE filed in accordance with the law. The following reasons for filing birth and death certificates are reviewed:

REGISTER BIRTHS

To prove legal age:

For inheritance of property.
For claims of widows and orphans.
For settlement of insurance.
For settlement of pensions.
For right to serve on jury.
For entering military service.
For entrance to school.
For right to vote.
For right to marry.
For legal dependency.
For tax income.
For driving automobile.
For irresponsibility of children.
For employment in industries.

To prove American citizenship:

For passports.
For exemption from military service in foreign countries.
For criminal courts in foreign countries.
For immigration.
For right to hold certain offices.
For right of admission to certain professions.
For collecting compensation from Government.

To comply with the laws of Florida.

REGISTER DEATHS

To prove date and cause of death:

For life insurance claims.
For claims of widows and orphans.
For settlement of pensions.
For property adjustments.
For probating wills.
For war risk insurance.
For study of race stocks.
For description of accidents.

To furnish authentic information:

For identifying missing persons.
For health indexes.
For disease rates.
For checking spread of disease.
For preventing epidemics.
For tabulations to compare health co
ditions.
For establishing a measuring uni
For measuring unnecessary waste
life.
For showing results of public hea
work.
For construction of life tables.
For laws to protect life and health.
For showing results of failure to va
cinate.
For determinirg the span of life.
For warning against wrong living.

To comply with the laws of Florida

BUREAU OF VITAL STATISTICS—(Continued)

A careful round-up in his district should be made by each local registrar in the state of Florida. Please get in touch with the physicians, midwives and undertakers in your district and see that every certificate for 1927 has been filed. The faithfulness of local registrars in the past has been very much appreciated. To the physicians in the state, who have so carefully filed certificates, a great portion of the credit in the compiling of valuable birth and death records, is due. The undertakers who are so carefully performing their duty pertaining to the filing of death certificates are also a credit to this state.

Mortality schedules and tabulations gleaned from the records filed from month to month have been used to great advantage in the direction of health workers both in counties and cities within the state. The saving of a life is worth a good deal more than valuable property. Sometimes this is not realized until too late. It is through the information obtained from vital statistics records that definite conclusions may be drawn as to how to live in order to avoid certain definite pitfalls in life's journey.

TUBERCULOSIS

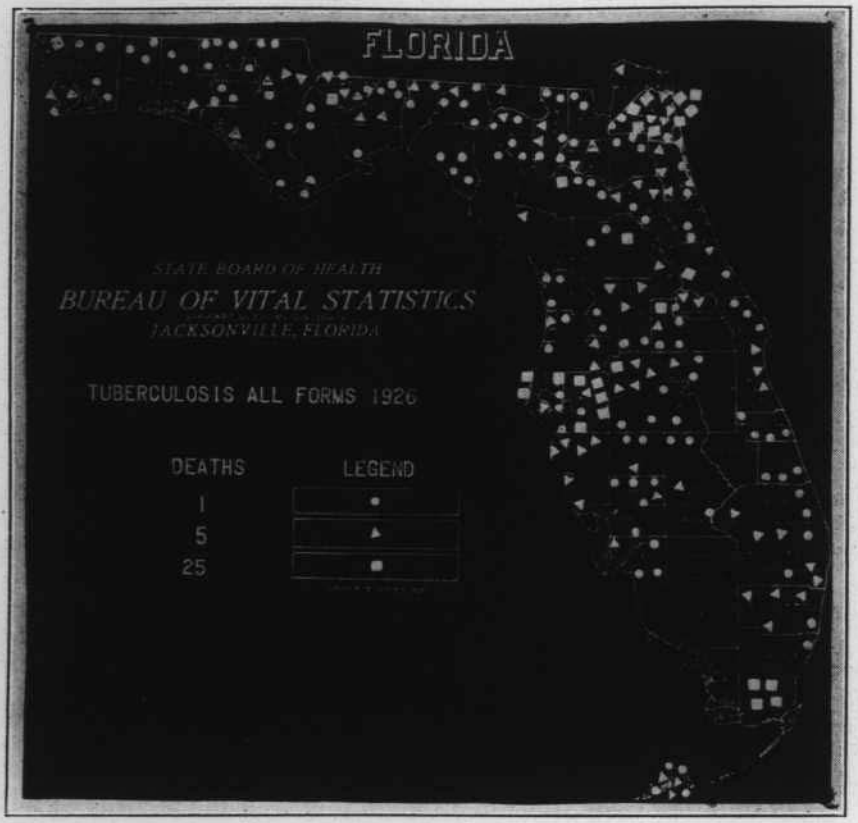
Quite a reduction is noted in the number of deaths in Florida from tuberculosis, all forms, during the first seven months of 1927 as compared with the same period for the previous year, the difference being 116 deaths. The death rate from this disease in 1926 was higher than for any of the previous years. It is, therefore, gratifying to note the decline for 1927. The increased mortality for 1926 is partially accounted for by the influx of population which was abnormal and could not be included in our population figures. Inasmuch as the population is used as a basis for figuring rates and the influx of population could not be accounted for that year, and the fact that all deaths are charged to the actual place of death regardless of the abode of the deceased, it is little wonder that the Florida rate from tuberculosis should show an increase.

The Florida records compare favorably with the records of tuberculosis in other states, particularly the mortality among the white population. Arizona had a rate of 328.5 per 100,000 population during the calendar year 1926; Delaware 109.2; Virginia 105.3; Louisiana 105.0, according to the figures from the Bureau of the Census. California published its rate as 140.4. According to our records for Florida the rate is 86.9 and the rate among the white population is 55.3. The rates by years have been published so often that this information will be eliminated at this time. However, those who desire additional information should write this Bureau.

In addition to showing the deaths and death rates, by counties, in table form, a conventional map is shown on the back cover of this publication, grouping the death rates, by counties, based on the rates per 100,000 population.

BUREAU OF VITAL STATISTICS—(Continued)

A number of requests have been made for a spot map which would indicate the geographical location of the deaths from tuberculosis. The effect of the map was entirely spoiled by using one tack for each death. We have, therefore, placed a value on different shaped tacks which will, we hope, give the desired effect.



— F. H. N. —

Honorable Louis J. Victor, County Judge for St. Johns County and Miss Genevieve A. Usina were married in Palatka, on August 29, 1927.

— F. H. N. —

Miss Henrietta M. Crosby, Local Registrar for the Daytona Beach District, and Mr. Milton C. Haff of Daytona Beach were married on September 12, 1927.

— F. H. N. —

Honorable Archie Elsworth Leslie, County Judge of Suwannee County, and formerly Local Registrar, died in Live Oak, on August 24, 1927.

—— F. H. N. ——

HERE AND THERE

The death of William S. Gramling, M. D., occurred in Battle Creek, Michigan, on September 8, 1927. Doctor Gramling was a resident of Miami.

— F. H. N. —

The mother was ill in a home where a radio had recently been installed. The doctor came, and small Emily looked on wonderingly as he used the stethoscope. "What station is he trying to get, mother?" she asked, when she could no longer contain her curiosity.

—Exchange

— F. H. N. —

"The Public Health is the foundation upon which rests the happiness of the people and the welfare of the nation. The care of public health is the first duty of the statesman."

—Disraeli.

— F. H. N. —

A thin man resented the lateral pressure of a fat man on the same seat in a street car. He said: "They ought to charge by weight in these cars."

"If they did, sonny," said the fat man, "you'd have to walk. They couldn't afford to stop for you."

—Exchange

— F. H. N. —

"Which is the quickest way to St. Joseph's Hospital?" shouted the jaywalker, standing in the middle of the street as motorists tried to avoid hitting him.

"Stay right where you are," yelled back the traffic policeman.

—Exchange

— F. H. N. —

"The ladder of life is full of splinters, but they always prick the hardest when we're sliding down."

—Exchange

— F. H. N. —

LOCAL REGISTRARS APPOINTED

Mrs. J. F. Browne
37-07—Labelle
Mrs. C. B. Allen
46-04—Bushnell

— F. H. N. —

A physician in Minnesota was asked by the bereaved widow to take care of inserting a death notice of the late lamented in the weekly local gazette. 'How much do you charge?" he asked the editor.

"Dollar and a half an inch."

"Holy smoke! He was six feet four!" mused the doctor, as he began to calculate the expense.

—Exchange

— F. H. N. —

Grumpy: "Doctor, what should I take when I'm run down?"

Doctor: "Take the guy's license number."

—Exchange

— F. H. N. —

Even as a good name is to be chosen rather than great riches, so, too, a good personality is more to be desired than brilliant mentality.

—Exchange

— F. H. N. —

"Willie, your essay isn't neat."

"I told pa so, but he didn't have time to write it over."

—Exchange

— F. H. N. —

There's a thrill of satisfaction when you buy Christmas Seals.

There's a thrill because you know that you are doing good for others. More than that, each seal you buy is also a direct aid to the health of your family and yourself—because Christmas Seals help finance the work of stamping out tuberculosis.

Edward A. Crow, M. D., of West Palm Beach, died in that city on September 21, 1927.

—— F. H. N. ——

Patient (nervously): "And will the operation be dangerous, doctor?"

Doctor: "Nonsense! You couldn't buy a dangerous operation for forty dollars."

—Exchange

—— F. H. N. ——

BUREAU OF VITAL STATISTICS—(Continued)

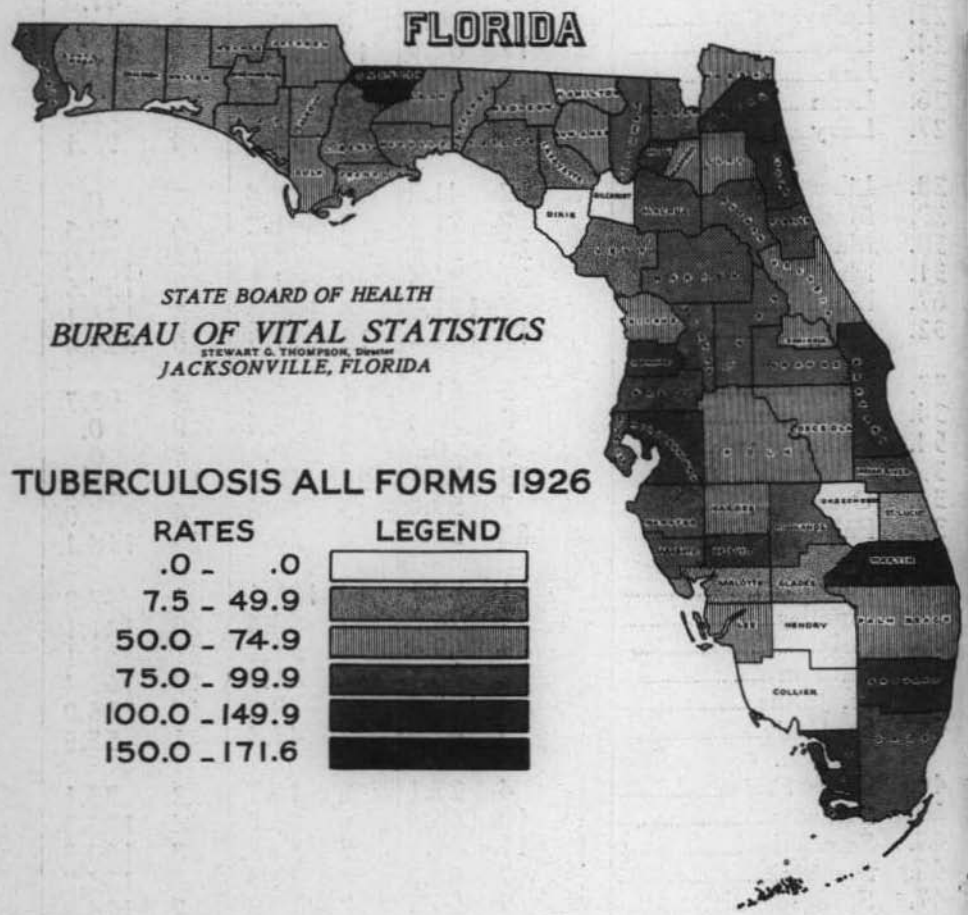
Tuberculosis (All forms)—Deaths and Death Rates per 100,000 Population by Color and by Counties, 1926

	COUNTIES	DEATHS					
		Total	Rates	White	Rates	Col.	Rates
0.	State	1187	86.9	519	55.3	668	156.0
1.	Alachua	28	96.0	11	70.6	17	125.1
2.	Baker	2	36.0	0	0	2	137.6
3.	Bay	5	41.7	1	11.4	4	124.5
4.	Bradford	5	71.2	3	60.4	2	97.2
5.	Brevard	18	128.5	6	65.2	12	249.6
6.	Broward	21	125.9	6	54.4	15	265.6
7.	Calhoun	2	24.6	2	32.1	0	0.
55.	Charlotte	1	27.8	0	0	1	131.8
8.	Citrus	3	55.2	1	29.7	2	96.9
9.	Clay	3	61.8	1	28.1	2	153.8
62.	Collier	0	0	0	0	0	0
10.	Columbia	14	88.1	6	67.9	8	113.4
11.	Dade	101	77.8	53	54.9	48	144.1
12.	DeSoto	9	108.9	7	108.3	2	111.0
56.	Dixie	0	0	0	0.	0	0.
13.	Duval	223	142.4	60	59.8	163	289.6
14.	Escambia	36	82.8	21	67.7	15	120.5
53.	Flagler	2	90.8	0	0.	2	251.6
15.	Franklin	2	38.2	0	0.	2	91.4
16.	Gadsden	42	167.1	11	104.5	31	212.1
64.	Gilchrist	0	0	0	0.	0	0.
57.	Glades	1	39.5	0	0.	1	173.9
65.	Gulf	2	51.0	1	45.6	1	57.9
17.	Hamilton	5	50.5	4	70.8	1	23.5
58.	Hardee	7	67.6	5	53.0	2	217.2
63.	Hendry	0	0.	0	0.	0	0.
18.	Hernando	6	126.3	2	59.5	4	287.8
59.	Highlands	7	98.5	2	37.7	5	277.0
19.	Hillsboro	159	109.3	89	75.1	70	260.2
20.	Holmes	4	32.2	3	25.9	1	117.9
66.	Indian River	4	72.2	3	75.5	1	63.7
21.	Jackson	17	50.5	5	26.2	12	82.6

BUREAU OF VITAL STATISTICS—(Continued)

Tuberculosis (All forms)—Deaths and Death Rates per 100,000 Population by Color and by Counties, 1926—(Continued)

	COUNTIES	DEATHS					
		Total	Rates	White	Rates	Col.	Rates
22.	Jefferson	7	50.6	3	73.6	4	41.0
23.	Lafayette	1	20.9	0	0.	1	84.2
24.	Lake	17	82.9	11	71.4	6	117.6
25.	Lee	8	58.4	1	9.5	7	219.4
26.	Leon	13	63.2	3	39.5	10	77.0
27.	Levy	5	46.2	1	14.8	4	98.1
28.	Liberty	2	41.2	2	68.4	0	0.
29.	Madison	9	57.9	3	41.2	6	72.5
30.	Manatee	20	77.5	5	28.7	15	178.9
31.	Marion	27	96.4	9	61.5	18	134.5
67.	Martin	7	171.6	4	168.4	3	176.1
32.	Monroe	19	133.2	13	111.3	6	232.4
33.	Nassau	5	51.9	1	18.6	4	93.7
34.	Okaloosa	3	30.4	3	34.4	0	0.
54.	Okeechobee	0	0.	0	0.	0	0.
35.	Orange	33	76.3	21	64.2	12	113.7
36.	Osceola	7	59.8	3	35.6	4	122.0
37.	Palm Beach	22	56.5	6	23.6	16	118.1
38.	Pasco	11	89.1	10	103.1	1	37.8
39.	Pinellas	55	94.8	35	84.4	20	121.1
40.	Polk	49	69.3	28	51.2	21	31.1
41.	Putnam	17	96.1	4	41.1	13	163.4
42.	St. Johns	23	132.7	6	59.2	17	236.0
43.	St. Lucie	3	47.4	2	43.5	1	57.5
44.	Santa Rosa	4	27.1	2	16.7	2	73.1
60.	Sarasota	10	86.4	6	63.0	4	195.3
45.	Seminole	11	69.9	3	33.0	8	120.3
46.	Sumter	7	88.2	4	70.4	3	133.2
47.	Suwannee	9	55.5	2	19.9	7	114.0
48.	Taylor	4	29.4	2	25.2	2	35.2
61.	Union	7	110.3	1	24.9	6	256.8
49.	Volusia	31	69.4	18	60.8	13	86.4
50.	Wakulla	1	16.7	0	0.	1	36.5
51.	Walton	7	49.7	2	17.6	5	183.9
52.	Washington	4	38.4	2	24.7	2	85.9



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